

YOUTH SPRING VOLLEYBALL CAMP REGISTRATION FORM

Student Name: _____

Grade Level: _____ Age: _____ Shirt Size: _____

School Name: _____

Student Address (Including City/State/Zip):

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Email Address: _____

Waiver of Liability:

Greenwood High School, Greenwood High School Athletics, and the Greenwood High School Volleyball Team/Staff will not be held responsible for any injuries that occur during or as a result of participation in the "Youth Spring Volleyball Camp". Each participant is required to be covered under their own accident plan or incident policy. GHS, GHS Athletics, and the Volleyball Coaching Staff and Players will not be held responsible for any missing items or damages to property. I give permission for my child to participate in the 2023 Youth Spring Volleyball Camp.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please print and return this registration form and payment (cash/check) to the following:

**Greenwood High School
Att: Athletics/Volleyball
615 W. Smith Valley Road, Greenwood IN 46142
Please make checks payable to Greenwood Volleyball**