



**2018 Summer Junior High Volleyball Boot Camp
Registration / Waiver Form**

**June 19, 21, 26, 28
July 10 & 12**

**3:00 to 5:00 pm
FA Gym**

Cost ~ \$100

Due: Monday, June 18

**** SUMMER SPECIAL OFFER ****

**BRING A FRIEND
(WHO DOES NOT ATTEND FELLOWSHIP ACADEMY)**

COST ~ TWO FOR \$150

Player Name: _____ **Entering Grade:** _____

Parent Name: _____ **Best Phone:** _____

Email Address: _____

Alternate Emergency Contact: _____ **Best Phone:** _____

I, the undersigned give permission for my child to participate in Fellowship Academy Summer Camp. This authorization shall waive, release and resolve Fellowship Academy from any and all liability from injury and or illness incurred by the player, parent, sibling, or spectator. I give the staff permission to act on my behalf, according to their best judgment, in any emergency. I also certify that the above applicant has no physical problems or disabilities which would impede her from participating in Fellowship Academy Summer Camp.

PLEASE MAKE CHECKS PAYABLE TO TRINITY DELMAR.

Signature of Athlete

Date

Signature of Parent/Guardian

Date

Coach's Use Only

Date: _____

Payment: Cash Check # _____

Total Amount Paid: _____