



**2018 Summer High School Volleyball Camp  
Registration / Waiver Form**

**July 16 – 20  
4:30 to 7:00 pm  
FA Gym**

**Cost ~ \$100**

**Due: Thursday, June 28**

**\*\* 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:** \_\_\_\_\_

**T-shirt size** \_\_\_\_\_

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 KRISTA BALDRICA.**

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Coach's Use Only**

Date: \_\_\_\_\_

Payment:  Cash  Check # \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_