## Mars Volleyball Camp 2019

Parent Permission Slip

Please fill out this registration form and return with payment by Friday, June 14, to **Mars Volleyball Camp, PO Box 75, Mars, PA 16046**. Checks should be made out to: **Mars Volleyball Boosters**.

Camper's Name: \_\_\_\_\_

T-shirt size (adult sizes): S M L XL

Grade entering: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Name/Number:** 

Insurance Carrier/ID Number:

Please Read and Sign: I agree to allow my child to participate in the Mars Volleyball Camp and certify that she is physically able to participate in volleyball related activities. I understand that the Mars Area School District is not responsible for any injury that may occur and I release the camp staff to act according to their best judgment in case of emergency. In case of any medical conditions that the camp staff needs to be made aware of, I will provide the information in writing.

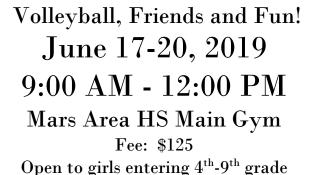
Signature:

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

This correspondence is being circulated as a community service at the request of a non-school organization. This information and/or activity is not associated with Mars Area School District. Any questions or correspondence should be directed to the activity coordinator using the contact information provided.







Participants will receive a camp t-shirt, volleyball, instruction, drills, and competition led by experienced coaches and current players.

Questions? Contact Coach Caraway at marsareahsvolleyball@gmail.com or at 724-759-0995

