

Wallace State Hanceville
VOLLEYBALL CAMPS- 2017

_____ **INDIVIDUAL CAMP**

JULY 10-11
COST \$100.00 PER PLAYER

_____ **MIDDLE SCHOOL TEAM CAMP**

JULY 12-13-14
COST \$400.00 PER TEAM

_____ **VARSITY-JV TEAM CAMP I**

JULY 6-7
COST \$300.00 PER TEAM

_____ **VARSITY-JV TEAM CAMP II**

JULY 24-25-26
COST \$400.00 PER TEAM

NAME _____ TEAM NAME _____

ADDRESS _____ CITY _____ ZIP _____

CELL _____ EMAIL _____

Pre-registration for TEAM CAMP: Send in a form with a \$100.00 deposit for EACH team by April 1st.

Mail to attention:
Randy Daniel
Wallace State Volleyball
PO Box 2000, Hanceville, Al. 35077

****Please note ****

I will be limiting TEAM CAMPS teams per division (Varsity and JV) Send in your registration form to reserve a spot.

INDIVIDUAL CAMP and TEAM CAMP PARTICIPANTS REGISTRATION FORM

(Each player participating in team camp must complete this form)

Name _____

Address _____

City _____, Zip _____

Contact Person _____

Phone _____

Email _____

Team Camp Fees

Team Camp I \$300.00 per team

Team Camp II \$400.00 per team

Individual Camp Fee

\$100.00 per participant

Make check payable to WSSC Volleyball.

Medical Release Form

Medical Insurance Company _____

Policy Holder Name _____

Policy #/Group _____

Doctor's Name _____

Number _____

MUST bring a copy of a current Physical !!

I hereby authorize my child's participation in the Volleyball camp. I do not know of any mental, physical, or behavioral problems that may affect my child's ability to safely participate. The camp staff is authorized to take medical action to any health problem that may occur while attending the camp. Neither my daughter nor I will hold Randy Daniel or the camp staff liable for injuries sustained while attending camp.

Signature of Parent of Guardian _____

Date _____