

Tri-Valley Volleyball Camp Registration Form
3rd -12th grade Individual Camp: June 11-13th

Camp Director: Bridget Ebert

Name: _____
Address: _____
Phone: _____ **Grade (2019-2020)** _____
Parents Name: _____

CAMP SHIRT: (KID SIZE) S M L
(ADULT SIZES) SM M L XL (Circle one)

Registration Fee: \$50.00 1 Family Member
\$40.00 for each additional family member

SESSIONS: (Grades as of 19-20 School Year)
One sheet per participant please

(CHECK ONE)
_____ Grades 3-6th Girls 8:30-10:00 am
_____ Grades 7-8th Girls 10:15-12:15 pm
_____ Grades 9-12th Girls 12:45 – 3:15 pm

*** Minimum of 10 participants per session required
I hereby authorize the directors of the Tri-Valley High School Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release the camp and school district from any liability for any injuries while at camp. I also certify that my daughter(s) is/are medically fit to participate in this program.

PARENTS or GUARDIAN SIGNATURE:

Mail with **FULL PAYMENT FOR PARTICIPATION TO:**
Tri-Valley School
C/O Bridget Ebert
46450 252nd Street
Colton, South Dakota 57018

Please make checks payable to Tri-Valley School

*** Registration must be received on or before April 22nd to receive a T-Shirt.**