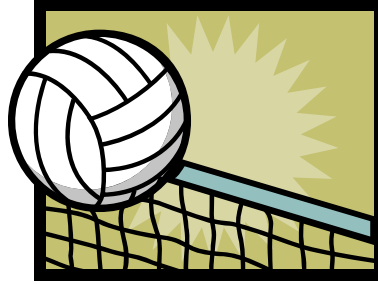


# LADY VIKINGS VOLLEYBALL CAMP



Amboy Junior High School Gymnasium

August 10-13th, 2009

7<sup>th</sup> Grade: 8:00-10:00am / 8<sup>th</sup> Grade: 10:30-12:30pm

Registration fees: \$35.00

(Includes: Volleyball Camp T-shirt, Participation Certificates & Awards)

Return the bottom portion by August 3<sup>rd</sup> along with a check or money order payable to:

Amboy Junior High School

Attn: Suzanne Boyer

140 S. Appleton Avenue

Amboy, Illinois 61310

Registration will also be available at School Registration on 7/30/09 at the High School.

Fees paid by the August 3<sup>rd</sup> will be guaranteed a T-Shirt at the beginning of camp. Entries will be accepted after August 3<sup>rd</sup> though T-shirt delivery will be delayed. Late Registrations can be brought with payment the first day of camp.

If you have any questions please contact a coach below:

Ramona Reyes (8<sup>th</sup> Grade Coach)      Suzanne Boyer (7<sup>th</sup> Grade Coach)

815-762-7639

815-670-2247

(Please Print)

Name: \_\_\_\_\_

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

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

Age: \_\_\_\_\_

Grade (2009-2010 School Year)      7<sup>th</sup>      8<sup>th</sup>      (Circle Grade)

Shirt Size: Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ Xlarge \_\_\_\_

(T-Shirts are Adult Sizes)

Emergency Contact Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

I certify that my daughter, \_\_\_\_\_ is in good health and able to participate in all summer camp activities, and that she is covered by an existing insurance policy in case of accident or injury. In the event that the above named student should require treatment and reasonable attempts to contact me have been unsuccessful, I give consent for emergency medical treatment deemed necessary by a licensed physician.

I hereby release the camp director, instructors, Amboy Community Unit District #272 Public Schools, and anyone connected with the camp from any responsibility for medical, dental, or other expenses incurred as a result of the injuries while attending or participating in the camp.

Parent or guardian signature: \_\_\_\_\_ Physician's Name: \_\_\_\_\_