

Faith Academy Volleyball Camp

Registration Form

Camp Dates: July 25 – 27, 2011
Camp Location: Faith Academy Gym
Cost of Camp: \$90.00 Camp is open to any school.
Make checks payable to Faith Academy.
(non-refundable)

Student's Name: _____

Address: _____

Phone No.: _____

Emergency Phone: _____

Check one _____ Grades 5 – 8 9:00 – 12:00

_____ Grades 9 – 12 1:00 – 4:00

I verify that my child has been checked by a licensed physician and is physically able to participate in the volleyball camp and that I have completed the attached medical consent form.

Parent's Signature