



# Camper Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Shirt size (adult): \_\_\_\_\_

Insurance \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Release Information:  
 In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against All American Volleyball Camp or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this camp, and which may arise out of my traveling to, participating in or returning from the camp. Parent(s), guardian authorize the All American Volleyball Camp to act in the best interest of the applicant, in Camp Directors' discretion, in event of injury to the applicant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

All American Volleyball Camp  
*Incoming 6th-8th Graders*

make checks payable to:  
**Superior High School**

Camp Date: 7/9-7/10

Location: Superior Middle School

Cost: 60

Times: 3:30-5:30

Send registration and full  
payment to:

Superior High School  
 Attn: Brenda Pluntz  
 2600 Catlin Ave  
 Superior, Wisconsin 54880

Due: 6/30

Coach's Phone: 218-390-8827