

Jennies Volleyball Registration Form

Camper Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Grade (next fall) _____ Roommate/Day camp Group request _____

Circle T-shirt size: Youth Sizes **S M L** Adult Sizes **S M L XL XXL**

High School/Middle School _____ Club Team _____

Position (1st Choice): _____ Position (2nd Choice): _____

Parent/Guardian Information

Name(s): _____

Email (*will be used for confirmation and camp info*): _____

Cell Phone (_____) _____

Emergency Contact Name and relationship: _____

Emergency Contact Phone: (_____) _____

Physical Waiver

Your child must have had a physical within the past year. To affirm they have, please sign below. If they have not had a physical you need to make sure they get one before camp and bring a copy of it.

I, _____, confirm that my daughter _____ has had a physical within the last 12 months and she is fit to participate in physical activity.

Signature _____

Camp Information

Please check the camp(s) you will attend:

JENNIES DAY CAMP
July 11th-13th

INDIVIDUAL TRAINING
CAMP July 7th-9th

Commuters \$250

\$120

Residents \$300

\$_____ **TOTAL DUE**

Make check payable to: **Jennies Volleyball Camps**

Return with payment to: Jennies Volleyball Camps, 500 S. Washington St., Warrensburg, MO, 64093

Questions? Email pankratz@ucmo.edu or call (660) 543-4572