

2020 MISSOURI STATE VOLLEYBALL CAMPS

REGISTRATION FORM

MULTI-DAY CAMPS

- Junior High Camp – RESIDENT HS Camp – RESIDENT Next Level Camp – RESIDENT
 Junior High Camp – COMMUTER HS Camp – COMMUTER Next Level Camp – COMMUTER

SINGLE DAY CAMPS

- Libero Camp Attacker Camp Setter Camp

CAMPER INFO

NAME _____ AGE _____ GRADE FOR 20/21 _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____

PARENTS/GUARDIAN INFO

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

**A NON-REFUNDABLE DEPOSIT OF \$30.00 MUST ACCOMPANY EACH MAIL-IN REGISTRATION FORM.
FULL CAMP FEES DUES BY JUNE 15TH FOR ALL JULY CAMPS.**

**A \$20.00 LATE REGISTRATION FEE WILL BE CHARGED ON ALL DAY AND MULTI-DAY CAMPS & \$10.00 LATE
FEE ON SPECIALTY/POSITION CAMPS IF NOT PAID IN FULL BY THESE DATES.**

RETURNED CHECKS FOR INSUFFICIENT FUNDS WILL RESULT IN A \$25 FEE

PARENT RELEASE AND INDEMNITY AGREEMENT

We/I here by request that you accept the application for enrollment of _____ in the 2020 Missouri State Volleyball Camp during the dates set forth in this application, and in consideration of your acceptance of the application, we (or I) hereby release the Missouri State Volleyball camp and the Board of Governors and all their employees and agents from all claims on account of injuries which may be sustained by our/my son or daughter while attending the 2020 Missouri State Volleyball Camp and its employees and agents for any claim which may hereafter be presented by our/my minor son/daughter as a result of any such injuries. We/I authorize and provide consent for licensed providers of MSU Taylor Health Center physicians and staff to administer and medical procedure or treatment which may be deemed medically advisable by the attending physician including diagnostic testing and examination should my child become injured or sick during camp.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Print Name _____

Date ____/____/____

Mail completed form & checks to:

Missouri State Volleyball Camps, 901 S. National Ave, Springfield, MO 65897

Make checks payable to: **Coach Mac Volleyball Camps, LLC & include camper name on the Memo Line**