

Camper's Name: _____

Grade Entering in fall 2010: _____

Parent/Guardian Information

Mother: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Father: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Emergency Contact (other than parent)

Name: _____

Contact Number(s): _____

Proof of Insurance

While a sincere attempt will be made to ensure the safety and well-being of participants, I understand that participating in the sports camp(s) selected involves risk of injury. These risks may include, but are not limited to, inclement weather, contacts with and actions of other participants, slips/trips/falls, sport-specific injuries, and equipment problems. Despite the risks, I choose for my child to participate in the selected camp(s).

By signing this form, I acknowledge that our health insurance is and will be current at the time of the camp, and that my child is physically capable of participating in camp activities. The information I have provided is complete and correct. I also acknowledge all risks of injury connected with participation in the selected camp(s).

Parent Signature: _____ **Date:** _____

Invitation Only Team Camp – August 9th – 11th

Check Box

Monday - 9:00 – 12:00 and 1:00 – 4:00

Tuesday – 9:00 – 12:00 and 1:00 – 4:00

Wednesday – 9:00 – 12:00

Fee for each player: **\$50**

Putnam Volleyball Camp – August 16th – 19th

5th thru 8th grade

Monday thru Thursday 12:00 – 3:00 **\$75**

Incoming Freshman

Monday thru Thursday 12:00 – 3:00 **\$75**

Returning Upper Class

Monday thru Thursday 4:00 – 7:00 **\$75**

Amount enclosed: _____

Send check to:

Volleyball Camp
Rex Putnam High School
4950 SE Roethe Rd
Portland, OR 97267