

# Youth Volleyball Camp

Deadline: Friday, October 12

PARTICIPANT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

GUARDIANS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Make Checks Payable to: TRC                      Registration Fee: \$30/\$36

Circle Shirt Size: YS YM YL AS AM AL AXL

**PARENT/GUARDIAN:** I hereby state that I am fully aware of the above-described activity and that above said player has no physical, mental, or emotional conditions that would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, its employees, volunteers, or agents from any claim that the said player might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Recreation Commission if special accommodations may be needed for the above said player to participate in the above-described activity.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Tonganoxie Recreation Commission**  
P.O. Box 479  
Tonganoxie, KS 66086  
913-845-3502                      [www.tongierec.org](http://www.tongierec.org)