



2019 PHS VOLLEYBALL CAMP

Fall 2019 Grades 2 - 6

July 16-18: 1:00-3:00pm \$60

Camp Director: Jessie Perdue

Camp Instructors: PHS Volleyball players

Sponsored by PHS Volleyball
Portland High School Gym

Name: _____

Address: _____

City: _____ Shirt size (circle): YM YL AS AM AL

Parent Name: _____

Parent's cell #: _____

Emergency Name: _____

Emergency #: _____

School attending: _____ Fall 2019 Grade: _____

MEDICAL RELEASE FORM:

Player's Name (please print): _____

I understand that my daughter's participation in this camp involves physical activity. My signature below insures to the best of my knowledge that my daughter is physically fit to participate under the normal physical demands required. Also by my signature, I agree to NOT hold Portland High School or its' employees, Sumner County Board of Education or its' employees, Jessie Perdue, Rob Lesemann, Ginger Lesemann or other camp directors and workers personally responsible for injuries or accidents that occur during the duration of this camp. If the need occurs, my signature also allows emergency medical treatment to be administered to my daughter by medical personnel.

Print Parent Name: _____ Date: _____

Signature: _____