

**ALL-AMERICAN VOLLEYBALL CAMP
REGISTRATION**

NAME _____

AGE _____ GRADE IN FALL _____ SHIRT SIZE (ADULT) _____

ADDRESS _____ PHONE _____

RELEASE INFORMATION:

In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against All American Volleyball Camp or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this camp, and which may arise out of my traveling to, participating in or returning from the camp. Parent(s), guardian authorize the All American Volleyball Camp to act in the best interest of the applicant, in Camp Directors' discretion, in event of injury to the applicant.

APPLICANT'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

MEDICAL INSURANCE _____

POLICY # _____

EMERGENCY CONTACT: _____ PHONE _____

------(CUT HERE)-----

ALL AMERICAN VOLLEYBALL CAMP

**MAKE CHECKS PAYABLE TO:
BISHOP DUNNE CATHOLIC SCHOOL**

CAMP DATE: JULY 28-30

**LOCATION: BISHOP DUNNE CATHOLIC
SCHOOL**

COST \$141 PER PLAYER

**SESSIONS: 9:00AM - 11:30 AM
12:30 PM - 3:00 PM**

AAVC Use Only:

___ E ___ F ___ M
___ PD ___ # ___

**SEND FULL PAYMENT
AND REGISTRATION TO:**

MIKE KISTNER
3900 RUGGED DRIVE
DALLAS TEXAS 75224

FOR CAMP INFORMATION:
(214) 339-6561
mkistner@bdhs.org

**DUE BY:
JUNE 1ST**