

St. Mary's Volleyball Skills Development Camp

Name: _____ Grade in Fall of 2017: _____

Camp Attending (**Circle One**): Camp 1: Grades 5 & 6 **OR** Camp 2: Grades 7 & 8

T-Shirt Size (**Circle One**): YS YM YL AS AM AL AXL

If your child has any Allergies or and Special Medical concerns that we should be aware of, please list them below:

Parent/Guardian: _____

Phone number(s): _____

Email Address: _____

Emergency Contact: _____

Phone number(s): _____

Release of Reliability: *I understand and agree that I will not hold Light of Christ Catholic Schools, St. Mary's High School, or any camp instructor liable for any damages or injuries that may occur because of my child's participation in camp. If emergency medical treatment is required, I hereby grant permission for this for my child. I do expect every effort will be made to contact me if an emergency occurs. Cost of any medical attention will not be covered or paid for by the school or camp staff.*

Signature of Parent/Guardian: _____

Date: _____

The registration fee is required with this form \$65 for 5th & 6th Grade Camp and \$85 for 7th & 8th Grade Camp. If you have any questions, please call Kyle Kuether at (701)204-3634. Also, please make check payable to Kyle Kuether and registration forms can be mailed to:

**Kyle Kuether
5008 Autumblaze Way
Bismarck, ND 58503**