

2009 Messiah College Boys Volleyball Camp Application

CAMPER'S NAME _____

STREET ADDRESS _____

CITY STATE ZIP _____

AGE HT. ENTERING GRADE _____

HOME PHONE PARENT'S CELL _____

E-MAIL _____

Camp Release Statement

The child named above has my permission to participate in the designated Messiah College summer athletic camp. I understand that camp participation may involve significant physical activity, which could result in injury. I certify that the child is in good physical condition and is fully able to participate. I assume all risk incident to the child's participation and release Messiah College, its

employees, agents, officers, and volunteers from all liability, claims, expenses, and actions which may arise from injury or harm to the child as a result of camp participation.

In the event of a medical emergency, I authorize Messiah College to designate a physician or hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child, and release Messiah College from any liability for injury or harm to the child which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Signed _____
parent/guardian date

Check one:

Resident: \$200 Commuter: \$150
(\$50 non-refundable deposit required)

Make checks payable to:

Messiah College Boys' Volleyball Camp

Shirt size (adult): S M L XL (circle one)

School: _____

Coach (if applicable): _____

J.O. Coach: _____

Roommate Guidelines:

Work out roommate preference before sending in application. If left blank, you will be placed with someone of similar age.

Roommate: _____

Mail to:

Messiah College Boys' Volleyball Camp
P.O. Box 4501
One College Ave.
Grantham, PA 17027

OFFICE USE ONLY

DEPOSIT ____ DATE ____ BALANCE ____ DATE ____