

MVP Summer Camp Registration Form 2016 (please print clearly)

Name: _____

Address: _____

Postal Code: _____

Phone: _____

Email: _____

D.O.B. (mm/dd/yy): ____ / ____ / ____

School: _____

Summer Contact _____ Phone Number _____

Shirt Size Needed (adult sizes): S M L XL

Program (please check one)

July 18th to July 22nd _____ July 25th to July 29th _____

9:00 to 3:30 at St Mary's CSS. (200 Whitney Ave Hamilton, L8S 2G7)

Each player receives a t-shirt, volleyball, logbook and tournament day lunch.

Please make cheque payable to "One Way Volleyball" in the amount of \$210.00

Family Discount; \$200.00 per athlete for families with two or more participants

Special

Request? _____

I hereby consent to having my child participate in *Mary's Volleyball Program (MVP) Summer Camp*. I understand that there are risks involved in such participation and that it is the responsibility of each participant to engage in only those activities for which he/she is comfortable. I certify that my child is physically and mentally fit and able to participate in these activities and I authorize *MVP Summer Camp* Staff to administer emergency medical treatment if required

I, the undersigned agree to permit *Mary's Volleyball Program (MVP) Summer Camp* and any person authorized by it/them, to take and produce photographs, digital images and other visual or audio reproductions of myself or a member of my family captured during regular and special *MVP Summer Camp* activities

Signature of Parent/Guardian

Date

Please send form and payment to:
MVP Volleyball Program
25 Skyline Drive
Dundas, On
L9H 3S3
Attention: Jos Nederveen