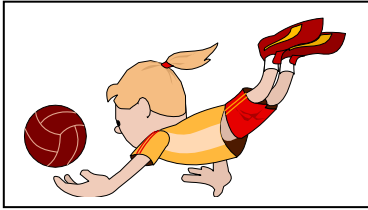


**COEUR D'ALENE RECREATION DEPARTMENT
YOUTH VOLLEYBALL CAMP**



Sessions Dates:

March 7
March 9
March 14
March 16

BOY: _____ GIRL: _____ SCHOOL: _____ GRADE: _____

NAME: _____ BEST PHONE: _____

ADDRESS: _____ CITY: _____

SHIRT SIZE: YS _____ YM _____ YL _____ YXL _____ AS _____ AM _____ AL _____ AXL _____

Do you currently receive emails from us regarding upcoming activities? Yes ____ No ____

**SESSION TIME: 5:30-7:00 _____ (1-4 GRADE)
7:00-8:30 _____ (5-8 GRADE)**

Camp held at Woodland Middle School

Camp instruction by Kelsey Stanley and North Idaho College Volleyball team.

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Cd'A Rec Dept, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with VOLLEYBALL, I hereby release, discharge and/or otherwise indemnify the Coeur d'Alene Recreation Department, its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent or legal guardian of the above-named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of registrant.

PARENT SIGNATURE: _____

Fee: \$30.00 Cash or Check only

CUT _____

SESSION DATES: _____ **Player Name:** _____

Monday, March 7

Wednesday, March 9

5:30-7:00 _____ 1-4 Grade

Monday, March 14

7:00-8:30 _____ 5-8 Grade

Wednesday, March 16

LOCATION: Woodland Middle School

YOUTH VOLLEYBALL CAMP