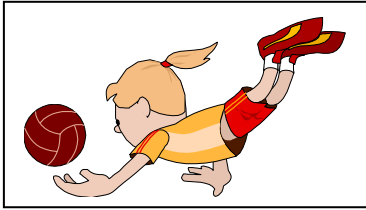


**COEUR D'ALENE RECREATION DEPARTMENT  
YOUTH VOLLEYBALL CAMP**



**Sessions Dates:**

March 8  
March 13  
March 15  
March 20

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: 5:00-6:30 \_\_\_\_\_ (1-4 GRADE)  
6:30-8:00 \_\_\_\_\_ (5-8 GRADE)**

**Camp instruction by Cd'A High School volleyball.**

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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

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PARENT SIGNATURE: \_\_\_\_\_

Fee: \$30.00

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CUT

**SESSION DATES:** Player Name: \_\_\_\_\_

Thursday March 8

Tuesday March 13 5:00-6:30 \_\_\_\_\_ 1-4 Grade

Thursday March 15 6:30-8:00 \_\_\_\_\_ 5-8 Grade

Tuesday March 20

**LOCATION:** Woodland Middle School

*YOUTH VOLLEYBALL CAMP*

