



Ronan Volleyball Camp 2019 (\$55 before June 1st \$65 after)

June 26th & 27th 2:30-5:30 check in at 2:00 6/26

Athletes entering grades 9-12

Mail to:

Ronan Volleyball Camp
421 Andrew St NW
Ronan, Mt 59864

Make checks to: Ronan Volleyball

Player Name _____ Grade _____

Parent Name _____

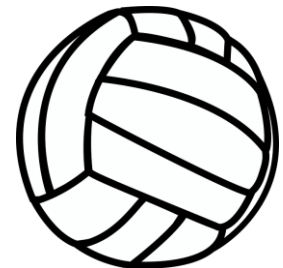
Parent Phone Number _____

In case of an emergency contact: _____

Name _____

Relationship _____

Phone Number _____



Medical information: (allergies, medical conditions, inhaler use, medications, ect) list below

Consent and Release Statement:

I, the undersigned, hereby grant permission for my daughter to participate in "Ronan Volleyball Camp" at Ronan High School. I understand that every effort will be made to contact the parents or guardian in an emergency situation. In the event that a guardian cannot be contacted, I hereby grant permission for my daughter to be evaluated, diagnosed, and/or medicated in accordance with standard medical practice by a licensed medical personnel. I relieve "Ronan high school volleyball," and Ronan High School of all consequences that may arise as a result of treatment. The sport of Volleyball inherently has risks and I understand that my daughter may be injured during the camp. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling treatment for such injuries.

Parent Signature _____

Date _____