

Wallace State Hanceville  
VOLLEYBALL CAMPS- 2017

\_\_\_\_\_ **INDIVIDUAL CAMP**

JULY 10-11  
COST \$100.00 PER PLAYER

\_\_\_\_\_ **MIDDLE SCHOOL TEAM CAMP**

JULY 12-13-14  
COST \$400.00 PER TEAM

\_\_\_\_\_ **VARSITY-JV TEAM CAMP I**

JULY 6-7  
COST \$300.00 PER TEAM

\_\_\_\_\_ **VARSITY-JV TEAM CAMP II**

JULY 24-25-26  
COST \$400.00 PER TEAM

NAME \_\_\_\_\_ TEAM NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

Pre-registration for TEAM CAMP: Send in a form with a \$100.00 deposit for EACH team by April 1<sup>st</sup>.

Mail to attention:  
**Randy Daniel**  
**Wallace State Volleyball**  
**PO Box 2000, Hanceville, Al. 35077**

**\*\*Please note \*\***

I will be limiting TEAM CAMPS teams per division (Varsity and JV) Send in your registration form to reserve a spot.

# INDIVIDUAL CAMP and TEAM CAMP PARTICIPANTS REGISTRATION FORM

(Each player participating in team camp must complete this form)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Team Camp Fees

Team Camp I \$300.00 per team

Team Camp II \$400.00 per team

### Individual Camp Fee

\$100.00 per participant

Make check payable to WSSC Volleyball.

### Medical Release Form

Medical Insurance Company \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Policy #/Group \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Number \_\_\_\_\_

### MUST bring a copy of a current Physical !!

I hereby authorize my child's participation in the Volleyball camp. I do not know of any mental, physical, or behavioral problems that may affect my child's ability to safely participate. The camp staff is authorized to take medical action to any health problem that may occur while attending the camp. Neither my daughter nor I will hold Randy Daniel or the camp staff liable for injuries sustained while attending camp.

Signature of Parent of Guardian \_\_\_\_\_

Date \_\_\_\_\_