

2008 CCHS 7th and 8th Grade Volleyball Clinic

Please print this page, complete the form below and send it along with a check for \$125 (payable to CCHS 7th and 8th Grade Volleyball Clinic) to: Central Catholic High School, 2401 SE Stark St., Portland, OR 97214 Attn: Rick Lorenz.

No Refunds after June15.

Clinic Registration Closes on July 15, 2008

Registration is complete and you are confirmed for the camp when payment is accepted. If the camp is full your payment will be returned.

2008 CCHS 7th and 8th Grade Volleyball Clinic	
Name:	
Mailing Address:	
City, State, Zip:	
Home Phone:	
Grade Fall 2008:	
High School Attending:	
E-Mail	
Mother's Name:	
Father's Name:	
Club you played for in '07/08:	
Height:	
Tank Top Size:	
Insurance Carrier:	
Policy Number:	
<u>Insurance Release Form</u>	
<p>I hereby authorize my daughter's participation in the Central Catholic Volleyball Clinic. I know of no mental or physical problems which may affect my daughter's ability to safely participate. I understand that my daughter must have current medical insurance before she can attend camp. Neither I, nor my daughter will hold Central Catholic High School or its volleyball clinic staff liable for injuries or expenses relating to injuries while my daughter is at the clinic.</p>	
_____ Signature (Parent or Guardian)	_____ Date
_____ Signature (Participant)	
In case of emergency please notify:	
Name: _____	
Phone Number: _____	
Relationship to Player: _____	