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NORTHERN KENTUCKY JUNIOR VOLLEYBALL SUMMER VOLLEYBALL CAMP

# NKJV

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COMPLETE REGISTRATION FORM WITH SIGNED WAIVER. COST FOR THE CAMP IS \$70. PLEASE MAKE CHECKS PAYABLE TO NKJV. TO RESERVE A SPOT, MAIL TO:

NKJV P.O. BOX 175852, COVINGTON, KY 41017

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ Please specify shirt size below

TSHIRT SIZE: YS      YM    YL    YXL    AS    AM    AL    AXL \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_

In case of emergency please call \_\_\_\_\_

Please note any serious medical conditions \_\_\_\_\_

I the undersigned give my permission for \_\_\_\_\_ to participate in the NKJV summer volleyball camp. I understand that NKJV, Better Bodies, nor the staff can be held liable for any injury that could occur during this NKJV sponsored event. I understand that financial obligations incurred for medical services received by my athlete while participating in the NKJV summer camp cannot be borne by NKJV, Better Bodies or the staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_