

2007

Registration Instructions

2007

PRINT OUT REGISTRATION FORM

- Check the Camp or Camps you wish to attend.
- Fill out the registration form on the right of the page.
- Parent or guardian must sign registration form.
- Enclose a check or money order made out to:

MOORE VOLLEYBALL CAMPS

Mail entire registration form to:

**MOORE VOLLEYBALL CAMPS
PO BOX 58
ROCKFORD, MN 55373**

<http://www.moorevolleyballcamps.com/>

CAMP LOCATION	DATE/TIME	GRADES	FEE
<input type="checkbox"/> ANNANDALE HIGH SCHOOL	JUNE 11-15 9AM – NOON	8 – 12	\$75.00
<input type="checkbox"/> HOWARD LAKE-WAVERLY HIGH SCHOOL	JUNE 11-15 1PM – 4PM	8 – 12	\$75.00
<input type="checkbox"/> ST MICHAEL-ALBERTVILLE HIGH SCHOOL	JUNE 18 – 22 9AM – NOON	8– 12	\$75.00
<input type="checkbox"/> EDEN VALLEY-WATKINS HIGH SCHOOL	JUNE 25 – 29 9AM - NOON	7 – 12	\$75.00
<input type="checkbox"/> FOLEY HIGH SCHOOL	JULY 9 – 13 9AM - NOON	7 – 12	\$75.00
<input type="checkbox"/> SAUK RAPIDS HIGH SCHOOL	JULY 16 – 20 9AM – NOON	7 – 12	\$75.00
<input type="checkbox"/> COLD SPRING ROCORI HIGH SCHOOL	JULY 23 - 27 9AM – NOON	8 – 12	\$75.00
<input type="checkbox"/> MAPLE LAKE HIGH SCHOOL	JULY 23 - 27 1PM – 4PM	7 – 12	\$75.00
<input type="checkbox"/> SIBLEY EAST HIGH SCHOOL GAYLORD MIDDLE SCHOOL	JULY 30 – AUG 3 9AM – NOON	7 – 12	\$75.00
<input type="checkbox"/> ROCKFORD HIGH SCHOOL	AUGUST 6 - 10 9AM – NOON	7 - 12	\$75.00

**CAMPS SET AS OF OCTOBER 8,
2006**

NAME: _____

ADDRESS: _____

CITY: _____

STATE _____ **ZIP:** _____

SCHOOL: _____

HS COACH: _____

GRADE FALL 2007: _____

PHONE: _____

E-Mail: _____

CAMP(S) SELECTED:

TOTAL DUE: _____

I hereby authorize the staff of *Moore Volleyball Camps* to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive, absolve, indemnify, and agree to hold harmless *Moore Volleyball Camps*, its staff, participants, or the host facility for the camp for any and all liability for any injuries or illnesses incurred while at camp. I acknowledge that participation in this camp may result in accidents or injuries. Even though I know there are risks involved, I still give my approval for the registrant to participate in any and all camp activities and I expressly assume all risks and hazards to such participation. I have no knowledge of any physical impairment that would be affected by the registrants' participation in the volleyball camp.

Parent or Guardian's Signature