South Rock Creek
Volleyball Camp
2025

Student's Name: _____

Address:_____

D.O.B.: _____ Grade Entering Fall 2025: _____

Circle T-shirt Size Youth Sizes: M L XL Adult Sizes: S M L XL

Parent's Name: _____ Phone #: _____

Email: _____

Emergency Contact: _____ Phone #: _____

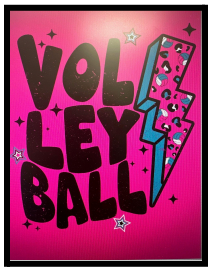
I, _____, understand that by signing this consent statement, I certify my child has permission to attend the South Rock Creek Volleyball Camp. I authorize the accompanying coach and/or the camp director to act for me according to their best judgment in any emergency requiring attention. I hereby waive and release the South Rock Creek School District, the camp, coaches, and director from liability and cost for injury. I do not know of any mental or physical problems that might affect my child's ability to safely participate in this camp. I further certify the above mentioned person has medical insurance in case of an emergency.

Parent's Signature: _____ Date:_____

Payment: $50 *cash or check (make checks payable to SRC Athletics)*

For $20, parents/family members may purchase a camp t-shirt.

The shirt will either be neon pink or violet, with black, white, and teal on the designs. The shirt type will be Comfort Colors.



Name:_____

Circle T-shirt Size Youth Sizes: M L XL Adult Sizes: S M L XL

Quantity:_____ Total: _____

Please pay for extra shirts separately. ☺

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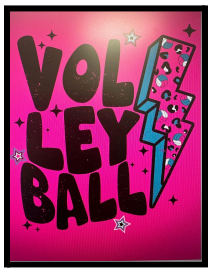

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