

South Rock Creek Volleyball Camp

Student's Name: _____

Address: _____

D.O.B.: _____ Grade Entering Fall 2026: _____

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: \$60 cash or check (make checks payable to SRC Athletics)