

MISSION VIEJO VOLLEYBALL CLUB 2009 SUMMER CAMPS

Name _____

Address _____

City _____ ZIP _____ Email _____

Age _____ DOB _____ Grade _____ Phone _____

I, _____, the parent of _____, do hereby release from any obligation whatsoever all coaches and whoever assists them while my child is participating in any Mission Viejo Volleyball Club function, and understand that all insurance obligations are my responsibility. I hereby do not hold Mission Viejo Volleyball Club, nor anyone chosen to assist them, responsible for any action or accident my child may be involved in while participating in any Mission Viejo Volleyball Club practice session, camp, clinic or function. I also give my permission to have the above child receive any emergency medical treatment.

Parent/Guardian Signature Date

CAMP SHIRT SIZE: YOUTH LRG ___ ADULT SM ___ ADULT MED ___.
PLEASE CIRCLE CAMP(S) YOU WILL BE ATTENDING AND SUBMIT
CORRECT AMOUNT!!

PLEASE NOTE: Players will be separated
according to skill level for all camps!

CAMP 1 (All Skills Camp)
JULY 20th-23rd
Grades 5th-8th
2:00pm-4:00pm
\$125

Camps will be held at
Saddleback VBC 26923 Fuerte Drive
Lake, Forest, CA 92530

CAMP 2 (All Skills Camp)
JULY 27th-30th
Grades 5th-8th
2:00pm-4:00pm
\$125

Please make check payable to MVVBC
and mail with this form to: MVVBC
24821 Calle El Toro Grande
Lake Forest, CA 92630

CAMP 3 (Advanced Skills and HS Tryout Camp)
AUGUST 10th-13th
Grades 7th-12th
3:30pm-5:30pm
\$125