



Kirksville Volleyball Camp

(Athletes entering 4th-6th grades)

When: June 28th - July 1st (Monday through Thursday)

Time: 8:30 a.m. - 9:30 a.m.

Where: Kirksville Primary School Gym

Cost: \$40.00 (Families with more than 1 participant - \$35.00 each)

Turn in all forms by April 20th for guaranteed shirt.

CAMPER INFORMATION

NAME: _____ GRADE FOR 2020-21: _____ AGE: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE #: _____ EMERGENCY #: _____

SHIRT SIZE (circle): Youth: 10-12 14-16 Adult: S M L XL XXL (When in doubt on sizes, order a size too big as we do not order extra shirts!)

*****Identification and Medical Treatment Authorization*****

The undersigned parents and/or guardians of (campers name) _____, the applicant, for and in further consideration of the volleyball camp acceptance said applicant, does hereby release and discharge Kirksville R-III Schools and it's representatives, employees, and agents from any and all debts, claims, demands, actions, damages, caused of action, judgments, or suits of any kind which may arise or be occasioned as a result of any course of instruction or the applicants participation in the volleyball camp. In addition, I/we being the parents and/or guardians of the applicant authorize the Kirksville R-III and it's agents permission to request emergency medical treatment or care as necessary to insure the well being of our dependent. Further, I claim the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of Parent or Guardian: _____ Date: _____

Family Health Insurance Provider: _____

Family Health Insurance Policy #: _____

*****Camper Code of Conduct Contract*****

As a participant in the Kirksville Tiger Volleyball Camp, I agree to comply with all of the rules, regulations, and directives of the coaching staff, and I will treat all of the coaching staff and other camp participants with respect, courtesy, and good will. I have read the above statement and understand that failure to comply with that statement may result in my removal from the camp without refund.

Participants Signature: _____ Date: _____

Make checks out to **Kirksville R-III**

Drop forms off at @ KHS Office or Mail to Sadie Pafford - 3410 S First, Kirksville, MO 63501

For additional information email Sadie Pafford at spafford@kirksville.k12.mo.us