

My child has permission to attend the Dominion Christian Volleyball Camp. Enclosed is fee payable to Dominion Christian School. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in the Dominion Christian Volleyball Camp. In the event of an emergency in which my child requires medical care, I authorize the staff of Dominion Christian Volleyball Camp to act for me to obtain for my child whatever medical treatment the staff in its best judgment deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery and will be responsible for any medical or other charges in connection with my child's attendance at the Dominion Christian Volleyball Camp. I acknowledge that at the Dominion Christian Volleyball Camp my child may risk injury. I specifically release the Dominion Christian Volleyball Camp, its owners and staff, as well as Dominion Christian School from liability for any claim of damages which I or my child may have for injuries or illness that she may sustain at the Dominion Christian Volleyball Camp.

Parent Signature



Dominion Christian Schools

**4607 Burnt Hickory Road
Marietta, GA. 30064
Phone: 770-420-2153
dhathaway@dominionmail.org**

Dominion Christian Middle School Volleyball Camp





Registration Information:

Please complete the registration section and turn it in to the school office by

Friday, June 5th.

Please make checks payable to Dominion Christian Schools

Otherwise, please mail registration forms and checks to:

**Dominion Christian School
Attn: Debbie Hathaway
4607 Burnt Hickory Road
Marietta, GA. 30064**

Details

Directors: Dominion Christian
Volleyball Coaches

Time:
9:00- 12:00

(Entering the fall)

When? June 8th- June 10th

Where? Dominion Christian
School Gymnasium

Cost?
5th – 7th \$80

Who? Anyone interested in
improving their volleyball skills

What? An exciting time of
volleyball including skill
development, fundamentals,
games, and contests



Camper's Name: _____

Age: _____

Grade as of Fall 2015: _____

T-Shirt Size: YS YM YL S M L XL XXL

Address: _____

Home Phone/Cell Phone: _____

Parent's Name(s): _____

Parent's Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Enclosed of Fee in the amount of:

Middle School Volleyball \$80

Check number: _____

