

# Bellevue West High School

## 2019 Jr. T-Bird Volleyball Camp



**WHO:** Incoming 2<sup>nd</sup> – 6<sup>th</sup> graders

**WHEN:** Saturday, June 22<sup>nd</sup> and Sunday, June 23<sup>rd</sup>

**WHERE:** Bellevue West South Gym

**TIME:** 1:00 P.M. – 3:00 P.M.

**PRICE:** \$25

\*\*\*You can also register online at: <http://bellevuewestcamps.myonlinecamp.com>

Player's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Grade (2019-2020): \_\_\_\_\_ School (2019-2020): \_\_\_\_\_

T-shirt size (circle one):      Adult Small      Adult Medium      Adult Large      Adult XL

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**In the event a parent/guardian cannot be reached, please contact the following:**

Contact name & relationship to student: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

*\*If your child has any special medical needs, please explain on the back of this sheet\**

I certify that my child has permission to attend the 2019 Bellevue West Jr. T-Bird Summer Volleyball Camp and has been cleared by a physician to participate. I hereby release the Bellevue West School District, their employees, coaches, and agents from all claims and liability for any injuries that may be sustained by my child attending the Jr. T-Bird Volleyball Camp.

Parent/Guardian Signature: \_\_\_\_\_

\*\*\*Please return all registration forms with your payment (make checks payable to Bellevue West Volleyball) to Bellevue West High School or send them to:

Bellevue West High School

Attn: Christina Reicks

1501 Thurston Avenue, Bellevue, NE 68123