

**5th Annual**

**North Central Washington**

**Volleyball Club Camp!**

When: July 15-18, 2019

Times: Monday thru Thursday – 8:30-11:30 (lunch break) 12:15-4:30; Thursday will complete at 3:30 (bring a lunch and a snack. Lunch will not be provided.)

Who: Girls & Boys Ages U-12 to U-18 (do not need to be a NCWVBC team member to attend)

Where: Wenatchee High School

Cost: $175.00 per Athlete

**DEADLINE TO REGISTER: FRIDAY, JULY 10, 2019**

**Registration Form and Mandatory Medical Release**

**Complete the form below & return with payment ($175) to NCWVBC, PO Box 4611, Wenatchee, WA 98807 or pay $180 online** [**http://ncwvbc.com/information/payments/**](http://ncwvbc.com/information/payments/)

Name of Player:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School & Grade:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T shirt Size: XS S M L XL 2XL (circle one)

Parents Email: Parents Phone:

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Medical Insurance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carrier Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize my child’s participation in the NCWVBC Volleyball Camp. I know of no mental or physical problems which may affect my child to safely participate. I understand that my child must have current and active medical insurance before they can attend the camp/clinics. Neither I nor my child will hold NCWVBC, Coaches or staff liable for any injuries or expenses relating to injuries while my child participates at the NCWVBC Volleyball Camp

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

If you have any questions, please feel free to contact:

Jeff Riley at cwwsc@aol.com - 670-1487 or Lisa Johnson at ljohnson23@nwi.net - 662-8526.

You may also visit our website at www.ncwvbc.com.