



VIKING VOLLEYBALL SUMMER CAMP



Participants Name: _____

Grade 2018-2019: _____

Planning to attend the:

_____ **High School Camp (9th-12th grade), June 11-14, 11:00am-1:00pm**
 \$60 – Checks made payable to VIKING TOUCHDOWN CLUB (\$70 after June 1)
 Mail to: Mary King 21719 W 52nd Terrace, Shawnee, KS 66226

_____ **Future Viking Camp (2nd-8th Grade), June 12-14, 1:30pm-3:00pm**
 \$40 – Checks made payable to VIKING TOUCHDOWN CLUB (\$50 after June 1)
 Mail to: Mary King 21719 W 52nd Terrace, Shawnee, KS 66226

Parent Name: _____

Address: _____

Phone: (_____) _____

Email Address: _____

T-shirt Size (circle one)

Youth Sizes: S M L

Adult Sizes: S M L XL XXL

WAIVER STATEMENT: The undersigned states that he/she understands that the Sumer Camps at Shawnee Mission West High School are not and shall not be responsible for any illness or injury to person, or damage to property resulting from participating in said program, and the participant and the undersigned, if the participant is a minor or under legal disability, hereby forever release and holds harmless the said Summer Camps, its employees, agents, and representatives from any and all claims of any kin that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns, may have or claim to have resulting from participating in said program. I HAVE READ AND UNDERSTAND THE WAIVER STATEMENT.

Signature of person registering participant:

_____ Date _____