

*NPHS Volleyball Skills Camp*

*3rd-9th Grades*

*May 23-25, 2017*

*3rd - 5th grade 9:00 - 11:00 am*

*(2017-18 grade)*

*6th - 9th grade 1:00 - 3:30 pm*

*Featuring NPHS Volleyball Players and Coaches*

*North Platte High School, 1220 West 2nd Street*

*COST \$35.00*

*A camp T-shirt will be included!!!! Make checks*

*payable to: North Platte Volleyball Send*

*Personal Information Sheet and check to:*

*North Platte High School*

*% Laura Miller*

*1220 West 2nd St.*

*North Platte, NE 69101*

*Questions or concerns contact:*

*lmiller@nppsd.org*

*308-530-7841*

*Your contribution to NPHS Volleyball is greatly appreciated!*

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**2017 Volleyball Skills Camp**

**Personal Information Sheet**

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 2016-17 Grade \_\_\_\_\_

Youth T-Shirt Size: Medium Large Adult T-shirt Size: Small Medium Large X-Large

Father's Name \_\_\_\_\_ Number (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Number (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ Policy Number \_\_\_\_\_

**PARENT'S RELEASE AND INDEMNITY AGREEMENT FOR 2017 VOLLEYBALL SKILLS CAMP**

We (I) hereby request that you accept the application for enrollment of \_\_\_\_\_ in the **2017 Volleyball Skills Camp** during the dates set forth in this application, and in consideration of your acceptance of the application, we (I) hereby release the North Platte Public Schools and their employees from all claims because of any injuries which may be sustained by our (my) child while they are attending the **2017 Volleyball Skills Camp**. We (I) agree to indemnify the North Platte Public Schools and their employees for any claim, which may herby be present by our (my) child as a result of any such injuries. Furthermore, we (I) certify that within the past year, my (our) child has had a physical examination and that they are physically able to participate in volleyball activities. In the event of illness or injury, we (I) hereby give consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment and order injections, anesthesia or surgery.

Participant \_\_\_\_\_ Parent \_\_\_\_\_ Date \_\_\_\_\_

**Please complete form & return to: North Platte High School, %Laura Miller, 1220 West 2nd St., North Platte, NE 69101**