



11th Annual Jr. Chiefs Volleyball Camps

Girls: Upcoming 6th-8th Graders

July 19th-21st 6:00p-9:00p \$100

- Beginner (0-1 yrs experience)
 Experienced (2+ yrs)

Girls: Upcoming 3rd-5th Graders

July 12th-14th 6:00-8:30p \$80

- Beginner (0-1 yrs experience)
 Experienced (2+ yrs)

LOCATION: Sequoyah HS
(Camp shirt included)

Max Campers:
July Camp (6-8th grade) - 40
July Camp (3rd-5th grade) - 40

Instruction will be given by Sequoyah
Varsity Head Coach John Edwards, as well
as other members of the Sequoyah
coaching staff and players.

More Information: Contact John Edwards
at 770-378-7287 or
john.edwards@cherokeek12.net

Registration Form

Each camp will be limited to first **40 girls** that have registered and paid.

Campers: Please wear proper attire
(Mandatory: t shirt, shorts or spandex, and tennis
shoes - Recommended: knee pads)

Please bring a water bottle and snack.

First Name: _____

Last Name: _____

Date of Birth: _____

Parent or Guardian Name: _____

Parent Email: _____

Cell #: _____

Address: _____

City: _____ Zip: _____

Grade (F 2021): _____ School: _____

T Shirt Size: Youth: M ___ L ___ XL ___

(pick one) Adult: XS ___ S ___ M ___ L ___ XL ___

MAKE ALL CHECKS PAYABLE TO
John Edwards
AND MAIL ALONG WITH
COMPLETED
REGISTRATION FORM (please
include copy of insurance card) TO:

John Edwards
672 Lorimore Pass
Canton, GA 30115
Attn: Volleyball Camp

***** Registration and full payment must be
received by 7/5 to guarantee a t shirt.**

Cancellation Policy:

Total Amount refunded if camp is cancelled.
Otherwise, no refunds unless your spot can be filled.

WAIVER/RELEASE FORM

Participants Name: _____

Emergency Contact: _____

Phone: (H) _____ (W) _____
(Cell) _____

Relationship to Participant: _____

PARTICIPANT INFORMATION: Please check the correct re-
sponse and fill in any necessary information.

Is the participant allergic to anything?

YES () NO ()

If yes, please list _____

Is the participant currently taking any medication?

YES () NO ()

If yes, please list _____

Photo permission. Pictures may be taken at programs. We
encourage parents to allow photos to avoid isolation of partici-
pants during photo sessions. Pictures are used for scrapbooks,
publicity, or brochures. By signing this wavier you are also
granting permission for photos to be taken.

**EMERGENCY TREATMENT & TRANSPORTATION PERMIS-
SION:**

In case of accident or injury, **Jr. Chiefs Volleyball Camp** needs
parental or guardian permission for emergency treatment and trans-
portation. A signature below grants this permission.

INSURANCE INFORMATION: Health, medical, and hospital
coverage is the responsibility of the participant, parent or guardian.

Insurance Co: _____

Policy#: _____

**HOLD HARMLESS-INDEMNITY RELEASE FOR PARTICI-
PANTS, CAMP WAIVER & RELEASE OF ALL CLAIMS:**

**Please read this form carefully and be aware that in signing
up and participating in this program you will be waiving and
releasing all claims for injuries you might sustain arising out of
this program.** "As a participant in this program, I recognize and
acknowledge that there are certain risks of physical injury and I agree
to assume the full risk of any injuries, damages or loss which I or my
child may sustain as a result of participating in any and all activities
connected with or associated with such program. I agree to waive
and relinquish all claims I may have as a result of participating in the
program against CCBOE, **Jr. Chiefs Volleyball Camp**, and their
officers, agents, servants and employees". I have read and fully un-
derstand the above Program Details and Waiver and Release all
Claims.

Signature(s): _____

Please print name: _____

Date: _____