



14th Annual Jr. Chiefs Volleyball Camps (2024)

Upcoming 6th-8th Graders

July 15th-17th 9:00a-12:00n \$120

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

Upcoming 3rd-5th Graders

July 15th-17th 1:00p-4:00p \$100

- 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 Campers** 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 2024): _____ 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

(please include copy of insurance card) TO:

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

You can also email form and Venmo: @johnedwards575

***** Registration and full payment must be received by 7/1 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 response 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 participants during photo sessions. Pictures are used for scrapbooks, publicity, or brochures. By signing this waiver you are also granting permission for photos to be taken.

EMERGENCY TREATMENT & TRANSPORTATION PERMISSION:

In case of accident or injury, **Jr. Chiefs Volleyball Camp** needs parental or guardian permission for emergency treatment and transportation. 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 PARTICIPANTS, 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 understand the above Program Details and Waiver and Release all Claims.

Signature(s): _____

Please print name: _____

Date: _____