



## 15th Annual Jr. Chiefs Volleyball Camps (2025)

This year: for Boys and Girls!!!

### Upcoming 6th-8th Graders

July 14-16th 9:00a-12:00n \$120

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

### Upcoming 3rd-5th Graders

July 14th-16th 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 2025): \_\_\_\_\_ 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 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, **John Edwards 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 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, **John Edwards 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: \_\_\_\_\_