



Registration Form

WAIVER/RELEASE FORM

16th Annual John Edwards (aka Jr. Chiefs) Volleyball Camps (2026)

This year: for Boys and Girls!!!

Upcoming 6th-8th Graders

- July 13-15th 9:00a-12:00n \$120
- Beginner (0-1 yrs experience)
- Experienced (2+ yrs)

Upcoming 3rd-5th Graders

- July 13th-15th 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

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 2026): _____ 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: @johnedwards-shs

***** 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.

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: _____