

**UNITED FAITH VOLLEYBALL CAMP
2017 REGISTRATION FORM**



Please complete and mail to:

*UFCA VOLLEYBALL CAMP
COACH CHAD VOUGHT
8617 PROVIDENCE ROAD
CHARLOTTE, NC 28277*

Camper's Name _____

Birthdate ____/____/____ Grade (fall '17) _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone () _____

School _____

Guardian's Name _____

Work Phone () _____

*Best Contact Number () _____

E-mail address _____

Camp Dates: Monday, July 31 – Thursday, August 3

Camp Grades: 4th – 8 Grade | Open to all kids!

Camp Times: 3:00 pm – 4:30pm

Camp Tuition: \$50.00

*Concession Stand open for drink & snack purchase**

Make checks payable to:

United Faith Christian Academy Volleyball Camp

Re: Chad Vought



I hereby state that my child meets medical standards for participation in a basketball camp. I also understand that United Faith Christian Academy and the camp coaches/staff assume NO responsibility and shall NOT be held liable for any accidents and/or injuries resulting from my child's participation in the United Faith Basketball Camp. Furthermore, I give United Faith Basketball Camp permission to seek emergency medical treatment if necessary for my child on my behalf. I also acknowledge that my child has sufficient medical insurance/coverage.

Parent/Guardian Signature _____ Date ____/____/____