

**UNITED FAITH VOLLEYBALL CAMP
2018 REGISTRATION FORM**



Please complete and mail / e-mail to:

*UFCA VOLLEYBALL CAMP
COACH SHERRY CONNOR
8617 PROVIDENCE ROAD
CHARLOTTE, NC 28277*

Camper's Name _____

Birthdate ____/____/____ Grade (fall '18) _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone () _____

School _____

Guardian's Name _____

Work Phone () _____

*Best Contact Number () _____

E-mail address _____

Middle School & Varsity:

Camp Dates: Mon, July 30 – Thurs, Aug. 2

Camp Grades: 5 – 12th Grade

Camp Times: 6:00 – 9:00pm

Camp Tuition: \$125

Make checks payable to:

*United Faith Christian Academy Volleyball Camp
Re: Sherry Connor*



I hereby state that my child meets medical standards for participation in a volleyball 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 Volleyball Camp. Furthermore, I give United Faith Volleyball 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 ____/____/____