

**Mail application and check payable to: CCSJ Athletics, 2400 New York Ave. Whiting, IN 46394**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

School You Attend (2010-2011) \_\_\_\_\_ Email Address \_\_\_\_\_

T-Shirt Size (choose one): \_\_\_ child large \_\_\_ child medium \_\_\_ child X-large \_\_\_ adult small \_\_\_ adult medium \_\_\_ adult large \_\_\_ adult X-large

**Tuition is \$75 per camper. A non-refundable deposit of \$25 must accompany this application and is due by Monday June 7th, 2010. The balance is due at registration on Monday June 14th, 2010.**

The undersigned, being a parent of legal guardian of the child requesting camp admittance, does hereby affirm that applicant is physically able to perform activities conducted at the Calumet College of St. Joseph Volleyball Camp and I hereby give my permission for such medical procedures as may be necessary to this camper by Calumet College of St. Joseph in the event of sickness or injury. I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby releases all employees or agents of the camp from any and all liability from injury or illness, mental or physical, suffered by the camper during or related to camp, unless caused by willful act of gross negligence by the person or entity whom the claim is made.

Parent's Name (Print): \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Crimson Wave Athletics  
Calumet College of St. Joseph  
2400 New York Ave.  
Whiting, IN 46394

# Calumet College of St. Joseph

## Volleyball Camp

Girls  
Grades 5-8



**June 21-24**  
**9:00 - 12:00 pm**  
**Alumni Court**

