



RIVERSIDE ACADEMY VOLLEYBALL CAMP



PRICE: \$50

DATE: JULY 15TH-17TH
8 A.M.-12:30P.M.
GRADES 4-8

RIVERSIDE ACADEMY GYM
332 RAILROAD AVE. RESERVE, LA
70084

NAME: _____ AGE: _____

GRADE: _____ PHONE NUMBER: _____

PARENTS NAME: _____

PARENTS NUMBER: _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

CAMPERS SHOULD WEAR TENNIS SHOES AND BRING KNEE PADS

*

Students must be covered by an existing health policy. We do not offer a camp accident insurance policy.

I, the undersigned parent or guardian, do hereby grant permission for my child, _____
to attend the above camp. In order that my child may receive necessary medical treatment in event of
injury or illness, I hereby authorize the camp director to obtain medical treatment for such an injury
or illness during camp and I hereby hold, Riverside Academy, and their representatives harmless in the
exercise of this authority.

I further acknowledge, understand, and agree that in participating in summer camp there is a possibility
of physical illness or injury and that my child is assuming the risk of such illness or injury by her
participation.

Parent signature: _____

*Please return form and money to RA in envelope marked RA volleyball camp or you may register at the
door on the first day of the camp.

For questions call:

Head coach: Brandi Meloncon: 225-226-0399

*T-shirt included when
registered by June 28th*

Make checks payable to Riverside Academy.