

Riverside Academy

2022 Volleyball Camp

\$75 per camper

Date: August 1st-3rd | 8am-12 pm

Grades 4th-8th

Location: Riverside Academy 332 Railroad Avenue, Reserve, La 70084

Name _____ Age _____

Grade _____ Phone Number _____

Parents Name _____

Parents Number _____

Emergency contact _____

Shirt sizes

Youth small _____ Youth medium _____ Youth large _____

Adult small _____ Adult medium _____ Adult large _____ XL _____

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:

Head coach: Brandi Meloncon: Bmelancon@riversideacademy.com

T-Shirts included when register by July 1st

Make checks payable to Riverside Academy