

## FARRAGUT HIGH SCHOOL LADY ADMIRALS VOLLEYBALL 2023 FUTURE STARS CAMP

JUNE 6<sup>th</sup> – 8<sup>th</sup>, 2023 © 9:00 AM – 1:00 PM



**COST: \$130.00** 

If paying by **check**, please complete the Registration Form and mail with payment made out to "Farragut Boosters Volleyball Club" to:

Farragut Boosters Volleyball Club Post Office Box 24332 Knoxville, TN 37933 If paying by **credit card** or **e-check**, please pay and register through the FHS Volleyball payment portal at:



https://fhs-volleyball.Cheddarup.com

## **REGISTRATION FORM**

PLAYER NAME: \_\_\_\_\_ GRADE FALL 2023: \_\_\_\_ SCHOOL: \_\_\_\_ T-SHIRT SIZE: YM YL AS AM AL AXL SKILL LEVEL: BEGINNER INTERMEDIATE ADVANCED

PARENT NAME:\_\_\_\_\_\_ PARENT CELL #:\_\_\_\_\_

PARENT EMAIL:	ADDRESS:
EMERGENCY CONTACT:	EMERGENCY CONTACT PHONE #:
MEDICAL ISSUES WE SHOULD BE AWAF	RE OF:
PRIMARY DOCTOR NAME:	PRIMARY DOCTOR PHONE #:
PAYMENT: Check #:	
REGISTRATION DEADLINE	TO GUARANTEE CAMP T-SHIRT IS THURSDAY, MAY 25 <sup>TH</sup> !
<u>w</u>	AIVER AND RELEASE OF LIABILITY
All participants will be covered by a seconda be allowed to participate unless the legal pa	ary insurance policy while participating in the volleyball camp. Participants will not rent/guardian agrees to the following:
give permission for the staff of the camp to so in the event of accident, injury or illness. I ( except for that covered by the camp's medic waive, release and forever discharge Farrag and its staff, officers, agents employees, re	I (we) am(are) the legal parent(s) or guardian(s) of the participant. I (we) hereby eek during the period of the camp appropriate medical attention for the participant we) will be responsible for any and all costs of medical attention and treatment, cal coverage policy. I (we) for ourselves, our heirs, executors and administrators, gut High School, Knox County Schools, Farragut Volleyball Boosters, the Camp representatives and successors and assigns of and from all rights and claims for erty which may be sustained or occur during participation in the camp activities or arry or loss are due to negligence.
	PHOTO RELEASE
photograph publicly. I understand that the ir	ters Club and Farragut High School has my permission to use the participants mages may be used in social media and print publications. I also understand that become payable to me by reason of such use.
PARENT/GUARDIAN SIGNATURE:	Date:
QUESTIONS: CALL OR TEXT (865) 566	6-7661 E-MAIL: FARRAGUTVOLLEYBALL @GMAIL.COM