

**2009 MSOE Raiders Volleyball Camps  
Registration Form**

Participant's name:

Address:

City/State/Zip:

Phone (    )

Date of Birth:

Age:

Position(s) Played:

T-shirt size:      small     medium     large     xl     xxl

**Please indicate which clinic(s) you will be attending**

Clinic Description	X	Each	Total Fee
#1 Volleyball Day Camp <i>August 10-14; 6 p.m. – 9 p.m</i>	<input type="checkbox"/>	\$100.00	
	<input type="checkbox"/>		

Team Name:

Parent or Guardian Name(s):

**Emergency Contact Information**

Name:

Address:

City/State/Zip:

Phone (    )

**Liability Statement**

I give my child \_\_\_\_\_ permission to participate in the MSOE Volleyball Clinic at the MSOE Kern Center. I agree that if a health condition exists which would limit his participation in this activity; I will notify Milwaukee School of Engineering. I realize there is an assumption of risk involved in all athletic participation including the sport of boy's volleyball. Such risk of injury may be severe and could involve further medical attention. I hereby acknowledge that Milwaukee School of Engineering has informed me of such risk and I will not hold MSOE responsible for such injuries.

X

*Parent or Guardian Signature*

*Date*