

Name _____

Address _____

City, State, Zip _____

Parent's Name _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Child's Age _____ Height _____

Grade next fall _____

Name of School _____

Indicate which camp you will attend

___ Individual Overnight Camp (grades 7-12)	June 7-9	\$95
___ Day Camp (grades 4-7)	June 10-13	\$55
___ Varsity/JV "Serve Off" Camp (overnight)	June 26-27	\$75
___ Varsity/JV "Serve Off" Camp (no overnight)	June 26-27	\$50

Parents' Release and Indemnity Agreement

I hereby request you accept the application of

_____ in the 2009 College of the Ozarks Volleyball Camp during the dates set forth in this application; and in consideration of your acceptance of the application, I hereby release the College of the Ozarks Volleyball Camp and College of the Ozarks and their employees and agents from all claims on account of any injuries which may be sustained by my minor child while attending the 2009 C of O Volleyball Camp and its employees and agents for any claim which may hereafter be presented by my minor child as a result of any such injuries. I authorize and provide consent for licensed medical providers of College of the Ozarks and staff to administer any medical procedure or treatment which may be deemed medically advisable by the attending medical personnel including diagnostic testing and examination should my child become injured or sick during this camp.

Parent/Legal Guardian Signature

Total Enclosed \$ _____

Contact Information

Nealy Thomas

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