

TIGERS VOLLEYBALL CLINIC

Name of Student: _____

Grade Level: _____

Emergency Contact: _____

Emergency Phone Number: _____

Position: _____

My student has permission to take part in the Tiger Volleyball Clinic on July 24th and 25th, 2018. Perquimans County Middle School and the coaches are not liable for any injuries that occur during this camp.

Signature of Parent/Guardian: _____

Payment _____