

Training Champions Volleyball Academy
Summer Camp Registration Form

Student Information

Last Name: _____ First Name: _____ M.I. _____
Birthdate: _____ Female ___ Male ___ ID : _____
Grade in School: _____

Address : _____ City: _____
Zip Code: _____
Home Phone _____ Cell Phone: _____
email: _____

Parent/ Guardian Information

Parent Name _____ Cell phone: _____
Address : _____
email: _____

Parent Name _____ Cell phone: _____
Address : _____
email: _____

Emergency Contact Name: _____ Relationship: _____
Emergency Contact Phone: _____ Relationship: _____

Parent/Guardian Signature: _____
Date: _____

Note: My child has the following allergies: _____

Note: My child has the following health conditions: _____