

Aurora Volleyball Camp

Location: Aurora MS – Main Gym

Conducted by Kansas State

Coaches & Players

Players entering
Grades 9 – 12
\$90

Includes T-Shirt!

June 16 & 17
2008



Registration
8:30 AM

Sessions:
9 to 11:30 AM
1:00 to 3:30 PM

Checks Payable to:
Aurora Volleyball

June 16 & 17

Deadline: May 9
(to guarantee t-shirt)

Return to: Lois Hixson, 2008 Tipperary Rd., Aurora, NE 68818

Questions: lhixson@esu9.org OR 694-2502

Name _____ T-shirt Size S M L XL XXL (circle one)

Address: _____ Email: _____

Birthdate _____ Grade Entering _____ Amount Paid _____

Medical History:

Birth Deformities (one eye, one kidney, etc.) _____

Medical conditions currently under treatment/Medical disorders or convulsions _____

Preexisting injuries under treatment _____

Fractures or other disability-type injuries _____

Allergies (drugs, food, asthma, etc.) _____

Medications required or presently taking _____

I understand that the Kansas State Summer Camp director, Aurora volleyball personnel and Aurora Public Schools will NOT be held responsible for injuries or loss of property while the previously-named participant is participating. I do hereby release the State of Nebraska, Kansas State University, its officers, agents and employees from all liability, including claims, and suits in law or equity for any injury- fatal or otherwise. Furthermore, I realize the result of treatment given to the previously-name participant for illness or injury while attending or subsequent to attending the K-State camp. I further understand the camp retains the right to use, for publicity and advertising purposes, photographs of players taken at the league.

Participant _____

Parent (signature required for all participants) _____

Date _____