

# Centerline Beach Volleyball Youth Camp Registration Form:

Players Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_



<b>Shirt Size:</b>	
Youth 10-12	_____
Youth 14-16	_____
Adult Sm	_____
Adult Med	_____
Adult Lg	_____

## Fee: \$70.00 (includes shirt and volleyball)

**Parent Permission and Authorization:** We hereby give our consent for this volleyball player to participate in the above volleyball event. In case of accident or injury, we hereby agree to hold Centerline Beach Volleyball, it's employees, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which arises by or in connection with participation by my child in any activities related to this sport.

If we cannot be reached and in the event of an emergency, we also give consent for the camp director to obtain through a physician or a hospital of its choice, such medical care as is reasonably necessary for the welfare of the player.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**If paying by Credit Card, please fill out all information below**

\_\_\_\_ VISA    \_\_\_\_ MASTERCARD    \_\_\_\_ DISCOVER

Credit Card Number: \_\_\_\_\_

Verification Code: \_\_\_\_\_ (last 3 digits on reverse side of card)

Name (as appears on Card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (MM/YYYY) Billing address zip code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL to: Centerline \* PO Box 224 \* Blue Springs MO 64013**  
**or BRING to: Centerline \* 1910 E 40 Hwy \* Blue Springs MO 64014**  
**DIRECTIONS: I70 & Adams Dairy Parkway Head south on Adams Dairy Parkway to 40 Hwy. turn left.**  
Centerline is on the right side of the road immediately past the TimberCreek townhomes