**Please Print for Your Records**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Entering Grade Fall\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_**

**Middle School & Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent(s)/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address (neatly please!)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle ADULT T-shirt Size: S M L**

**Circle Week: 1st Week 2nd Week**

**Waiver Of Claims:**

I, as Parent/Guardian, give permission for my child to participate in the Cougar Volleyball Camp 2018 and waive any claim that I might have against Arlington Catholic and the coaches of the camp.

**Signature of Parent/Guardian**

**Print Name**

**Special Circumstances? (Allergies, Asthma…etc) Email Coach Reis- coachreis@aol.com**



**July 23rd – 27th and/or July 30th – August 3rd** : 3pm – 6pm

**DAYS ARE SUBJECT TO CHANGE DUE TO GYM SCHEDULING CONFLICTS.**

**\*\*\*Please drop off and pick up athletes in the rear of the building.\*\*\***

**General Information**

**Athletes will receive a camp T-shirt Please register by July 9, 2018**

**Cost**

**$185.00 for 1 week or $295 for both**

**Make Check Payable:**

**Arlington Catholic High School**

**Mail Checks To:**

**36 Forest St. Stoneham Ma. 02180**

**C/O Coach Rachel Reis**

 **Arlington Catholic High School Gym**

For Entering 7th, 8th, and 9th Graders