



SMITHFIELD PARKS & RECREATION

VOLLEYBALL CAMP

DATES: WEDNESDAY, JUNE 29TH — FRIDAY, JULY 1ST
 TIME: 8:00 AM—12:00 noon
 FEE: \$60.00
PLEASE MAKE CHECKS PAYABLE TO KIM SMITH
 AGES: 8—14
 LOCATION: SRAC SMITHFIELD RECREATION AQUATICS CENTER GYM
 INSTRUCTOR: FORMER CLEMSON PLAYER, KIM SMITH.

2016 VOLLEYBALL CAMP

NAME: _____ AGE: _____ BIRTHDATE: _____

EMAIL: _____ SCHOOL: _____

PARENT'S NAME: _____

PHONE #: (home) _____ (work) _____

SHIRT SIZE: YM YL AS AM AL AXL

Does your child have any unusual conditions or allergies? YES NO

If YES, EXPLAIN: _____

As parent of the above named child, I understand in sports activities there are incidents of accident and injury. I allow my child to participate voluntarily in these activities. I have read this agreement and understand it's contents. I release and agree to hold harmless the Town of Smithfield Parks & Recreation Department and it's agents from any claims arising out of injury to my child.

Signature

Date

Return registration form & payment to: Smithfield Parks & Recreation Dept.
P.O. Box 2344, Smithfield, NC 27577
934-2148 FAX: 934-6554

Office Use Only:

AMOUNT PAID: _____ CHECK _____ / CASH RECEIVED BY: _____