

# WORLD VOLLEYBALL CONSULTING ELITE TEAM CAMP



Camper's Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Birthday (mm/dd/yy): \_\_\_\_\_

School: \_\_\_\_\_

Grade Entering: (circle one)

9<sup>th</sup>

10<sup>th</sup>

11<sup>th</sup>

12<sup>th</sup>

Primary Position: (circle one)

OH

MB

S

RS

DS/L

**I hereby waive and release the camp from liability for any injury or illness incurred while at camp.**

**Parent Signature** \_\_\_\_\_

**Individual Player Registration:**

**\$250**

**Session Dates:**

July 24-27

**Session Times:**

12:00pm – 3:00pm

Break

4:00 – 6:00

Contact Steve Bailey at [stevdbailey32@gmail.com](mailto:stevdbailey32@gmail.com) for any questions you may have.