

Panthers Volleyball Camp 3<sup>rd</sup> – 8<sup>th</sup>  
June 16-20 8:00-10:30am  
2008 Registration Form

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

Grade camper is going into \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (Work/Cell) \_\_\_\_\_

Emergency Contact/Phone \_\_\_\_\_

**Please circle campers shirt size below**

**Youth: small medium large or Adult: small medium large x-large**

Known allergies or medical conditions: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_

Policy number \_\_\_\_\_

I hereby register my son/daughter in the Panthers Camp. I authorize the directors of the Panther Camp to act for me accordingly to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems, which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other charges in connection with his/her attendance at camp. I release and hold harmless the Panther Camp, Portland Adventist Elementary, Oregon Conference of Seventh-day Adventists, and its employees, from any and all liability that may arise out of my son's/daughter's participation in this camp. I have read, understand, and agree with the conditions of this registration.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date