



**CROSSROADS
COLLEGE PREPARATORY
SCHOOL**

500 DEBALIVIERE AVENUE
ST. LOUIS, MISSOURI 63112
TEL 314.367.8085 FAX 314.367.9711
WWW.CROSSROADSCOLLEGEPREP.ORG

**Girls Volleyball Summer Camp Registration
Ages 10 - 15**

Student's Name _____ Grade _____
 Address _____
 City/State/Zip _____
 Parent or Guardian Name _____
 Day Phone _____
 E-mail _____
 Alt Phone _____

T-Shirt Size: Youth XS S M L XL
 Adult XS S M L XL

Emergency Contact Information:

Name: _____ Day Phone _____

_____ Girls Volleyball Summer Camp: June 4 – June 8 (12:00pm – 3:00pm) \$200

_____ Girls Volleyball Summer Camp: June 11 – June 15 (12:00pm – 3:00pm) \$200

Please send registration form and check (make checks payable to “**Crossroads College Prep School**” and write “volleyball summer camp” in the subject line) to Lisa Straub: Crossroads College Prep School, 500 DeBaliviere Ave., St. Louis, MO 63112.

We (I), hereby request that you accept the application for enrollment of _____ (Student) in the Crossroads' Girls Volleyball Summer Camp during the dates set forth in this application. We (I) hereby release and waive any claims that may arise against Crossroads, its officers, trustees, and employees from any liability, including but not limited to personal injury or property loss or damage arising directly or indirectly out of Student's participation in the volleyball summer camp. We (I) agree to indemnify and hold Crossroads, its officers, trustees, and employees harmless from any and all such liability or claim from damages.

We (I) hereby consent and authorize Crossroads to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of Student, if he or she is injured in the course of the volleyball summer camp. We (I) know of no physical conditions, which may affect Student's ability to safely participate in the volleyball summer camp.

Parent/Guardian Signature _____ Date _____