



**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 \_\_\_\_\_  
 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 1 – June 5 (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 Brooke Beatrice: Crossroads College Prep School, 500 DeBaliviere Ave., St. Louis, MO 63112 **by May 22, 2020 for t-shirt.**

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 \_\_\_\_\_