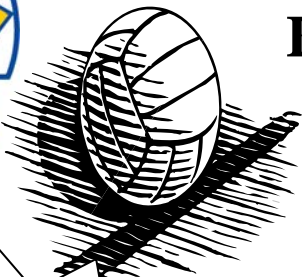




Volleyball Summer Camp

Boys & Girls 4th/5th & 6-8th Grade



**REGISTRATION
DEADLINE**

JUNE 19TH, 2009

For more information, please contact Norma Evanoff at 650.216.7582.

Instructors: Staff of
Peninsula Juniors Volleyball Club

Date: **July 6th-July 10th, 2009**

Program #: 4th/5th Grade 46.302
 6-8th Grade 46.303

Time: 4th/5th Grade 9am-12pm
 6-8th Grade 1pm-4pm

Location: Red Morton Community Center

Fee: \$95/player (Return form to Red Morton)

Peninsula Juniors Volleyball Club is offering you an exciting volleyball camp this summer for boys and girls. Instruction in the basic fundamentals of passing, setting, hitting and overhand serving will be stressed for all grades. Camp instructors will be experienced, energetic and highly-motivated Peninsula Juniors coaches. Players will have fun, while working hard in a positive environment and will leave each day a better volleyball player!

Space is limited! Sign-up today!

Participants Name	Program #	Date of Birth	School

Parent/Guardian Name _____

Address _____

City _____ Zip Code _____

Home Phone # _____ Work Phone # _____

Email Address _____

In case of emergency, name and phone number of person to contact if no answer at the above numbers:

Emergency Name _____ Emergency Phone # _____

I/We the undersigned, being the parents(s) and / or legal guardians of do hereby grant permission for his/her participation in the Redwood City Police Activities League and release the Redwood City Police Activities League and the City of Redwood City, and their agents, from all action, causes of actions, damages and claims or in equity of every kind whatsoever I/we may now or hereafter have against them arising out of any injuries of loss to while said person participates in any of the activities, programs, or sports of the Redwood City Police Activities League. I understand that this includes that my child may be transported to and from events by PAL personnel or volunteers In the event of injury, I/we the undersigned, parents(s) or legal guardians of do hereby authorize the Redwood City Police Activities League, as agent for the undersigned, to consent to any Xray, examination, any anesthetic, medical or surgical diagnosis or treatment and hospital care when deemed advisable by and is to be rendered under the general of special supervision of any physician and/or surgeon licensed under the provision of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or hospital. It is understood that this authorization is given in the advance of any agent to give specific consent to any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE of California. This authorization shall remain in effect as long as he/she participates in the Redwood City Police Activities League program, unless revoked sooner in writing and delivered to the Redwood City Police Activities League.I/we agree to allow use of my/our photograph in program publicity. I HAVE READ AND FULLY UNDERSTAND THESE POLICIES.

Signature _____

Date _____