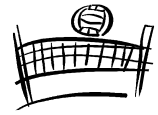


Pitt County Community Schools & Recreation



2012 Volleyball Camps



Player's Name: _____ Parent's e-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's name: _____ Home phone: _____ Cell phone: _____

Player's Age: _____ DOB: _____ Grade: _____

Rising 3rd-5th Grade - \$35.00 Check Camp Attending (35 maximum registration)

_____ CM Eppes Middle School: April 23-25, 2012 (Monday-Wednesday) 4:00-6:00 pm

_____ CM Eppes Middle School: May 7-9, 2012 (Monday-Wednesday) 4:00-6:00 pm

Rising 6-7th Grade - \$35.00 Check Camp Attending (35 maximum registration)

_____ The Zone: May 29-31, 2012 (Tuesday-Thursday) 6:00-8:00 pm

_____ CM Eppes: April 30– May 2, 2012 (Monday-Wednesday) 4:00-6:00 pm

Amount Paid \$ <u>35.00</u>	T-SHIRT SIZE (Check One)
<input type="checkbox"/> Cash Receipt #: _____	<input type="checkbox"/> CM <input type="checkbox"/> AS <input type="checkbox"/> AL
<input type="checkbox"/> Check #: _____	<input type="checkbox"/> CL <input type="checkbox"/> AM <input type="checkbox"/> AXL

By participating in the PCCSR recreational programs, I agree to follow guidelines set forth by School Board Policy. While I realize that all precautions will be taken to guard my child from injury, I will not hold the Pitt County Board of Education, PCCSR or program staff responsible for accidents that may occur. I recognize and understand that participation in recreation programs may necessitate strenuous physical activity, and could possibly activate any unrecognized pre-existing medical conditions. I warrant and represent that my child is in good physical health and condition and is able to participate in this program.

 Yes **No** **Are there any special circumstances we should be aware of while participating in our programs?**

If yes, please explain: _____

Occasionally we may take photographs of the children in our program and may use these images in printed publications or on our website. We will not release any personal details or names in our publications or website. I hereby

 GIVE **DO NOT GIVE** my consent for my child to be photographed for reasons stated above.

Signature of Parent or Guardian

Date

Make checks payable to: **PCCSR**
Return Form or Mail to: **4561 County Home Road**
Greenville, NC 27858

One registration form per participant. For more information call 252-902-1975 or visit our website at www.pittcountync.gov/csandrecreation