



Charlie Sullivan Boys & Girls Camp Guilderland



Registration Information

Please fill out the information below. Make checks payable to **GBVBC** and mail this registration form and the payment to Colleen Straubel 1057 Leesome Lane Altamont, NY 12009.

Name of Participant: _____ Age: _____

Fall 2018 Grade: _____ Specialize Position (if any): _____

Attending H.S. _____ Years of Experience: _____

Participant Email: _____ Phone: _____

In case of an emergency please contact:

Name: _____

Cell #: _____

Work#: _____

My child has my permission to participate in the Springfield College Volleyball Camp program. I understand the volleyball staff assumes no responsibility for accidents and medical or dental expenses incurred as a result of participation in this camp. In case of an emergency, understand every attempt will be made to contact the above person (s). If contact is unsuccessful, I authorize the camp to arrange the necessary medical treatment for my child.

Parent

Signature: _____ Date: _____