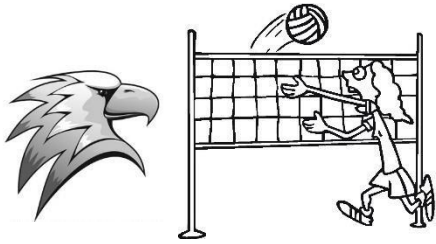


Major & Minor League Divisions  
July 11 - July 14  
Monday - Wednesday 9:00-4:00  
Thursday 9:00-1:00

Franklin County Eagles STAR Volleyball  
Camp Featuring Lanette Upshaw  
\$200 per player, Rising 6<sup>th</sup>-12<sup>th</sup> graders



Participant's Name: \_\_\_\_\_ Participant's age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Parent Cell) \_\_\_\_\_

(Player Cell) \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Player's Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Emergency Contact and phone number: \_\_\_\_\_

School You'll Attend Fall 2016: \_\_\_\_\_ Grade this fall \_\_\_\_\_

Years Experience-School Vball: \_\_\_\_\_ Years Experience-Club Vball: \_\_\_\_\_

Position: (circle all that apply): Outside Hitter, Middle Hitter, Right side Hitter, Setter, Libero, Defensive specialist, New Player with No Position **Medical Authorization:**

All participants must have a physical on file with the FCHS Athletic Department, dated after 5/1/16, in order to participate. If during the course of my daughter's activities in this volleyball camp she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical care. I agree not to hold Franklin County Public Schools or the camp staff liable for any injury she may sustain while she is participating in camp activities. I authorize emergency medical treatment for my child in the event she needs such treatment and I am unavailable to give consent.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This completed registration form and a \$50 deposit are due by July 1, 2016**

Make checks payable to: Franklin County High School

Mail form and money to: **ATTN: Sandy Coblentz**  
700 Tanyard Rd  
Rocky Mount, VA 24151

For more information, email [Audrey.fizer@frco.k12.va.us](mailto:Audrey.fizer@frco.k12.va.us)