



DATE: Sunday, February 18th, 2018

TIME: 7:00pm- 9:00am

COST: \$50 per person

INCLUDED: Dinner, Breakfast, Snacks, T-Shirt

LOCATION: Northwest Christian Church
1001 N. Davis St.
Arlington, TX 76012

Games, Raffles, Prizes & ALL NIGHT Volleyball!

Name: _____

Age: _____

Parent Contact Name: _____

Parent Phone #: _____

Parent E-mail: _____

WAIVER:

By signing this form, I, _____ (Parent) give my permission for my minor child (listed above) to participate in any Phantomz Volleyball Summer Camps, Clinics or Leagues. I agree that for and in consideration of my child's participation in such activities, to indemnify and hold harmless Phantomz Volleyball, it's employees, agents, coaches, referees and volunteers assisting in these activities, from any and all damages, claims, or liability of any kind, whatsoever, from any injury or death to my minor child. I also agree to authorize Phantomz Volleyball to contact emergency medical assistance on my behalf if I cannot be reached.

Parent Signature: _____ Date: _____

*Send form to: ashley@phantomzvolleyball.com, 682-365-9955