

# Camp Registration

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School Attending: \_\_\_\_\_ Adult T-Shirt Size: S M L XL (circle one)

Camp Name/ Number: \_\_\_\_\_

CC: Visa\_\_ MC\_\_ Discover\_\_ # \_\_\_\_\_ Exp. Date\_\_ / \_\_

I, the undersigned give permission for my child to participate in Arlington Courts/ ACE Camps. This authorization shall waive, release and resolve Arlington Courts and its staff from any and all liability from injury and or illness incurred. I give the staff permission to act on my behalf, according to their best judgment, in any emergency. I also certify that the above applicant has no physical problems or disabilities which would impede her from participating in Arlington Courts Volleyball Camps other than those prior noted on an attached sheet with this application.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Arlington Courts***, 2500 E. Mayfield Rd., Suite 100, Arlington, TX 76014  
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