



STEEL CITY IGNITE

Volleyball Camp

REGISTRATION

PLAYER NAME:

DATE OF BIRTH:

Grade in Sept 2023:

HEALTH CARD #:

EMERGENCY CONTACT :

EMERGENCY PHONE:

I, _____ (Parent / Guardian (please print FULL name), hereby grant

_____ (Player FULL Name) the permission to attend volleyball camp.

eTransfer of \$195 submitted to steelcityignite@gmail.com

Please use password: volleyball & add athlete name in the message box

Parent/Guardian Signature

Unisex T-Shirt Size:

YOUTH

ADULT

X-SMALL

SMALL

MED

LARGE

X-LARGE

www.steelcityignite.com

