



## STEEL CITY IGNITE

Volleyball Camp

### REGISTRATION

PLAYER NAME:

DATE OF BIRTH:

GENDER:

HEALTH CARD #:

EMERGENCY CONTACT :

EMERGENCY PHONE:

LIST ANY VB CAMP 2022

POSITION IF ANY

I, \_\_\_\_\_ (Parent / Guardian), hereby grant

\_\_\_\_\_ (Player Name) the permission to attend volleyball tryouts

Etransfer of \$25 submitted to [steelcityignite@gmail.com](mailto:steelcityignite@gmail.com)

Parent/Guardian Signature

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[steelcityignite@gmail.com](mailto:steelcityignite@gmail.com)

