



# MSHS Maverick Volleyball Camp

**When?** July 5 – 9, 9 am to 11: 45 am

**Where?** Maize South High School Gyms

**Cost?** \$65.00 *(includes a T-shirt & insurance)*

Either **Venmo** me @**Teri-Larson-10**  
 or mail **money order** to

**Teri Larson**  
**9111 W. 21<sup>st</sup> St. N #70**  
**Wichita, KS 67205**

- **PLEASE No Checks!**
- **A prorated cost is available for part-time campers. (\$12 per day, \$10 T-shirt)**

**Camp Staff?** Head Coach Teri Larson, Asst. Coaches Michelle Harrod, Kelly Larson & Whitney Long, plus alumna & professional player Jody Larson

**Registration?** Either mail or email below form.

**Questions?** Contact Coach Larson @ 316-516-5714 or email [tlarson@usd266.com](mailto:tlarson@usd266.com).

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**Send Registration with payment by June 25th  
 DEADLINE!**

## REGISTRATION FORM

Player's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Player's Address: \_\_\_\_\_

T-shirt size: **S M L XL**  grade in fall **2021: 9 10 11 12**

**Medical Waiver:** I verify that my child has been checked by a licensed physician and is physically able to participate in the MSHS Maverick Volleyball Camp. I understand that participation in the camp may include vigorous physical activity involving risks. I hereby agree that I will not hold Teri Larson or her camp coaches or Maize South High School for any loss, damages, or personal injury received as a result of my child's participation at the camp. I hereby authorize Teri Larson or one of her camp coaches the authorization of medical treatment in case of a medical emergency.

Parent or guardian **signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Address: \_\_\_\_\_

Parent/Cell: \_\_\_\_\_ Parent/Cell: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Allergies? \_\_\_\_\_

