



RANGER VOLLEYBALL REGISTRATION



Turn registration forms into Coach Ellenbecker at Logan High School.

Name: _____

Grade next fall: _____

School: _____

Address: _____

Contact Name: _____

Phone: _____

E-Mail: _____

My child has permission to attend the Logan Volleyball Camp. She is physically able to participate in volleyball camp activities without restriction. In the event of an injury or illness, I give my consent for medical treatment. If further medical treatment is necessary the camp director will contact me. I will be responsible for medical or other expenses in connection with my child's attendance at volleyball camp.

Guardian Signature: _____

Date: _____

Checks made out to: Logan Ranger Volleyball

Venmo: @Logan-Volleyball