

2026 Kodiak Volleyball Camp
Registration Form

Camper Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ E-Mail Address _____

School: _____

Grade (next fall): _____

Position(s): (optional) _____

Circle T-shirt size: Youth Sizes M L XL Adult Sizes S M L XL

Parent/Guardian Information Name(s): _____

Phone: _____

Emergency Contact Name and relationship: _____

Emergency Contact Phone: _____

Please check the camp(s) you will be attending:

----- Session 1 (June 22-26) ***Payment due by June 19th (payments are non-refundable)

12:00 - 4:00 pm (\$200)

----- Session 2 (July 20-24) ***Payment due by July 17th (payments are non-refundable)

12:00 - 4:00 pm (\$200)

\$ _____ TOTAL DUE

(Make check payable to: CSS Athletics, CSS parents can pay through Facts.)

____ Facts

Medical Waiver and Consent Form

The undersigned parent or guardian of the applicant, _____, for and in further consideration of the Kodiak Volleyball Camp accepting said applicant, does hereby release and discharge The Colorado Spring School and their representatives, employees, and agents from any and all debts, claims, demands, actions, damages, causes of action, judgments or suits of any kind, even where they have been negligent, which may arise or be occasioned as a result of the applicant's participation in the Kodiak Volleyball Camp and hereby, agree to have and indemnify and keep harmless The Colorado Springs School, their representatives, employees and agents against any and all liability, claims, judgments or demands for damages, even where they have been negligent, arising as a result of any course instruction given the applicant by the Kodiak Volleyball Camp.

I/We being the parents and /or legal guardians of the applicant, authorize The Colorado Springs School and their agent's permission to request emergency medical treatment or care as necessary to ensure the well-being of the participant. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Parent/Guardian Signature

Date

Insurance Policy

Holder: _____

Insurance Company: _____

Policy/Group #: _____

Pre-existing medical conditions/allergies: _____

Return with payment to: CSS Athletics, 21 Broadmoor Avenue, Colorado Springs, CO 80906

Questions?

Email njohnson@css.org or call (719) 434-3580