

ACE Camp Registration

Name: _____ Phone: _____

Email: _____

Address: _____ City: _____ Zip: _____

School Attending: _____ Adult T-Shirt Size: S M L XL (circle one)

Camp Name: _____ Camp # _____ Camp Date: _____

CC: Visa__ MC__ Discover__ # _____ Exp. Date__ / __

I, the undersigned give permission for my child to participate in Arlington Courts/ ACE Camps. This authorization shall waive, release and resolve Arlington Courts and its staff from any and all liability from injury and or illness incurred. I give the staff permission to act on my behalf, according to their best judgment, in any emergency. I also certify that the above applicant has no physical problems or disabilities which would impede her from participating in Arlington Courts/ACE Volleyball Camps other than those prior noted on an attached sheet with this application.

Parent Signature: _____ Date: _____

Arlington Courts/ACE Volleyball, 3120 E. Pioneer Pkwy, Arlington, TX 76010
817-417-5468, e-mail: mncsiska@sbcglobal.net * www.acevolleyball.org

Send registration by email or
Fax: 817-472-9340 or
Mail registration to:
Arlington Courts/ACE Volleyball
3120 E. Pioneer Parkway
Arlington, Texas
76010