

KIDS CAMP REGISTRATION FORM

Child Name:			
First	Middle	Last	
Age:			
Agc.			
Parent/Guardian Informa	ation:		
Name:			
NY			
Name:			
Parent/Guardian Contact	t Information:		
E-Mail Address:			
Dhana # .			
Pnone # :			
E-Mail Address:			
Phone #:			

Please download and complete the Liability and Covid Waiver forms from the TVF Forms tab on the web-site: www. Thevolleyballfactory.net