



**SATURDAY, DECEMBER 13, 2008 (Time: 9:00 to 3:00)**

Site: West Anchorage High School (Anchorage, Alaska)

**CAMP SPACE IS LIMITED! SIGN UP EARLY!**

**Cost: \$50.00 includes Lunch & T-Shirt**

Name \_\_\_\_\_

High School \_\_\_\_\_ Grade \_\_\_\_\_

Graduation Year \_\_\_\_\_ Position: Setter / Outside / Middle / Libero

Coach's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Message # \_\_\_\_\_

Player's E-Mail Address \_\_\_\_\_

Father \_\_\_\_\_ Cell # \_\_\_\_\_

Father's E-Mail Address \_\_\_\_\_

Mother \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's E-Mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby certify that my daughter is in normal health and capable of safe participation in the Alaska Exposure Volleyball Camp. I accept complete responsibility in matters of physical injury or loss that might result in participation during the camp. I fully understand that I will not hold the Anchorage School District, West Anchorage High School, Camp Coaching Staff, Camp Staff, or any of it's sponsoring bodies associated with the camp liable for any injuries or harm that may occur during the camp. I understand that this camp is only an opportunity for my daughter to demonstrate and showcase her skills, and there is NO GUARANTEE that as a result of this camp she will obtain or be offered a volleyball scholarship, offer, or opportunity from any of the participating college coaches or schools after the camp. I ALSO UNDERSTAND THAT THIS CAMP IS FOR CURRENT HIGH SCHOOL JUNIORS & UNSIGNED SENIORS ONLY.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail Check & Application to:** West High Volleyball Booster Club

C/O April Stahl  
3520 Checkmate Drive  
Anchorage, AK 99508

**(Checks Payable To West High Volleyball Booster Club)**

**NEED A PLACE TO STAY, CHECK OUT OUR HOTEL SPECIAL ON OUR WEBSITE:**

**WWW.AKEXPOSURE.ORG**