

S.P.I.K.E.™ Performance Camps

Camp Release Form

www.SpikeCamps.com (651) 687-9835

Camper's Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Cell: _____

Camp Dates: June 19-21, 2006

Camp Status: Day (Commuter) Resident Camper

Camp: Begin Set Advanced Set Begin Hit Advance Hit

Court Coach(s): _____

Reason for Leaving: _____

Are you planning to return to camp? Yes No

If Yes, when are you planning to return? _____

NOTE: If you are planning to return to camp, you must arrange a drop-off time and location with the camp staff.

Parent/Guardian's Signature: _____

Parent/Guardian's Name (Printed): _____

Relationship to Camper: _____

Today's Date: _____ Current Time: _____

To be completed by camp staff

Return Date & Time:	Drop off Location:
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Received By:

Staff Member's Name & Signature