

# Falcon Middle School Volleyball Camp

2026 Registration Form

July 13-15, 2026

8:00 AM- 10:00 AM

Falcon Middle School Gym



\$80 fee- Register by May 28, 2026

## Camper Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade (fall 2026): \_\_\_\_\_

Club team: \_\_\_\_\_

Position(s): \_\_\_\_\_

Fee: \$80- \_\_\_\_\_ (for office only)

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

Parent/Guardian Information Name(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Name and relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## Medical Waiver and Consent Form

The undersigned parent or guardian of the applicant, \_\_\_\_\_, for and in further consideration of the Volleyball Camp accepting said applicant, does hereby release and discharge Falcon Middle School and the FMS Volleyball Coaching staff 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 Volleyball Camp and hereby, agree to have and indemnify and keep harmless the Falcon Middle School and the FMS Volleyball Coaching staff, 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 Volleyball Camp. I/We being the parents and /or legal guardians of the applicant authorize the Falcon Middle School and the FMS Volleyball Coaching staff 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return with payment to: Falcon Middle School, 9755 Towner Ave, Peyton, CO 80831

Make checks payable to FMS (put volleyball camp in the memo). Checks and registration forms need to be turned in by Thursday, May 28, 2026 by 2:30 pm. \*No registration forms will be accepted after May 28, 2026.

Questions? Email Carli Holliday, FMS Head Coach at [carli.holliday@d49.org](mailto:carli.holliday@d49.org)