

CONNECTICUT ELITE VOLLEYBALL CAMP

To Enroll:

- Print this registration form and complete (you can mail registration and payment before med forms)
- Fill out a Medical Waiver and complete
- Complete a Physical form (you can bring with you to registration)
- Mail completed registration form and a non-refundable deposit of **\$150** to:
(check payable to Connecticut Elite Volleyball Camp)

Connecticut Elite Volleyball Camp
P.O. Box 613
Storrs, CT 06268
ctvbcamp@yahoo.com (860) 454-7871

- Please note- All registration forms and full payments are DUE BY: JULY 1st (late registrations will result in a 50.00 late fee and payments made after July 1 will need to be paid in Cash or Money Order)

Please Check the Camp(s) you are registering for:

- INDIVIDUAL SKILLS CAMP, July 16-19, 2010**
\$450
- OVERNIGHT SETTER/HITTER ELITE CAMP, July 21-22, 2010**
\$250
- TEAM CAMP, July 23-26, 2010**
\$450

TOTAL AMOUNT ENCLOSED: _____ CHECK NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SCHOOL: _____

AGE: _____ GRADE ENTERING IN 2010: _____ POSITION: _____

ROOMMATE REQUEST : _____ (in order for roommate req. to be honored, both parties must request each other)

VOLLEYBALL EXPERIENCE: _____

T-SHIRT SIZE: ___XSmall ___Small ___Medium ___Large ___XLarge

Thanks for registering for camp!

**You will be receiving a confirmation letter soon confirming your enrollment in camp.
If your medical waiver form and/or physical form are not complete please don't forget to bring to camp registration...without these documents you will be unable to participate.**

Waiver Statements

All campers must have their own medical coverage. The Camp provides only excess coverage after your insurance policy has been utilized. **Campers will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the camper.**

Camper's Insurance Company _____

Policy Number _____

I/We the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the Camp to seek during the period of the Camp appropriate medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical coverage policy.

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Connecticut Elite Volleyball Camp, and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in Camp activities or while at Camp, whether or not damages, injury, or loss is due to negligence. I/We the undersigned fully understand that the University of Connecticut will not be held liable for any occurrence at camp.

Date

Camper's Signature

Date

Parent's Signature