

# CONNECTICUT ELITE VOLLEYBALL CAMP REGISTRATION FORM

---

To enroll, print this form. Complete and return along with a nonrefundable deposit of **\$150.00** (Exception: Little Spikers Day Camp – please send in **\$135.00**) made payable to the Connecticut Elite Volleyball Camp. (Full payments must be made before July 1,2008) Late payments will result in a \$50.00 late fee and must be paid in cash or money order.

Mail to:

CONNECTICUT ELITE VOLLEYBALL CAMP  
P.O. BOX 613  
STORRS, CT 06268-0613

---

PLEASE CHECK THE CAMP YOU ARE REGISTERING FOR:

JULY 16-19, INDIVIDUAL SKILLS CAMP \_\_\_\_\_  
JULY 21-23, LITTLE SPIKERS DAY CAMP \_\_\_\_\_  
JULY 24-27, TEAM CAMP \_\_\_\_\_

**Please Print:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

High School \_\_\_\_\_ Coach: \_\_\_\_\_

Grade entering in 2008 \_\_\_\_\_ Roommate\* \_\_\_\_\_ (In order for roommate requests to be honored, both parties need to request each other.)

*Please list only one roommate; there are NO triples!*

\*Does not apply to Little Spikers Day Camp which is not an overnight camp!

Position: \_\_\_\_\_

Years of Experience: \_\_\_ Varsity \_\_\_ Junior Varsity \_\_\_ Junior High \_\_\_ Club \_\_\_\_\_  
Club name

T-shirt size: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ XLarge

Type of Camper: \_\_\_ overnight \_\_\_ commuter with meals \_\_\_ commuter w/o meals

Did you attend camp last year? \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

---

### 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