

CONNECTICUT ELITE VOLLEYBALL CAMP REGISTRATION FORM

To enroll, print this form. Complete and return along with a nonrefundable deposit of **\$150.00** 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 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!

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