

REGISTRATION FORM

Name: _____ Grade Next Fall: _____
Address: _____ School: _____
City: _____ State: _____ Zip: _____ D.O.B.: _____
Home Phone: () _____ Emergency Phone: () _____
Email: _____ Parents Email: _____
Adult T-shirt size: XS S M L XL XXL (circle one) Height: _____

WHICH CAMPS ARE YOU ATTENDING

Position: S M OH RS Libero (circle one)

- | | | | | |
|--------------------------|-----------------------------------|-----------|------------------|-------------------|
| <input type="checkbox"/> | Varsity Position Camp for Setters | June 6-7 | 9:00am - 12:00pm | (COST IS \$150)** |
| <input type="checkbox"/> | Varsity Position Camp for Hitters | June 6-7 | 1:00pm - 4:00pm | (COST IS \$150)** |
| <input type="checkbox"/> | Varsity Defensive Camp | June 6-7 | 6:00pm - 9:00pm | (COST IS \$150)** |
| <input type="checkbox"/> | All Skills Camp Grades 4-7 | June 8-10 | 9:00am - 12:00pm | (COST IS \$150)** |
| <input type="checkbox"/> | All Skills Camp Grades 8-12 | June 8-10 | 1:00pm - 4:00pm | (COST IS \$150)** |

** Remember there is a multi-camp discount for attending more than one camp!!

MEDICAL RELEASE AND WAIVER

I (we), the undersigned parent(s) / guardian(s) of said participant, fully understand that there are risks involved in my (our) child's participation in the said camp. I (we) represent that (my) our child voluntarily desires to participate in activity; and that I (we) am (are) duly aware of the risks and hazards that may arise through participation in activity. In consideration for my (our) child's participation in said camp, the undersigned hereby voluntarily assumes all risks of accident or damage to person or property and risks of liability. The undersigned does further agree to indemnify and hold harmless Belle Volleyball Camps, Angelo State University and its regents, administrators, employees or agents from any and all claims or demands for loss, cost, injury, or damage whatsoever arising from negligence, especially from injury resulting from my (our) child's improper use of equipment, technique, or failure to follow safety rules and instructions. The undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands the conditions herein provided and that he/she signs this agreement voluntarily and without reliance upon any promise or representation which is not contained in this agreement.

We (I) give authorization to the athletic training staff or designated entity to evaluate our (my) child and treat any injuries that occur during said activity. This includes immediate first aid treatment, referral to hospital or physician consultation, and/or emergency services. We (I) hereby grant the athletic training staff or designated entity to secure medical services that are in the best interest of our (my) child.

Date: _____

Camper's Name: _____

Printed Parents Name: _____

Parent's Signature: _____

Mail Check and Registration Form to:
Belle Volleyball - Angelo State University
Attn: Chuck Waddington
ASU Station # 10899
San Angelo, TX 76909-0899

Phone: 325-942-2091 ext 259
Fax: 325-942-2277
Email: cwaddington@angelo.edu