



# BYU Volleyball Camp/Arizona Registration Form

June 4-7, 2008

Chandler-Gilbert Community College/Williams Campus Gym

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

Parents Name: \_\_\_\_\_ Cell/Home phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

| Please check Group:  | <u>Pre-Registration</u> | <u>After May 15<sup>th</sup></u> |
|--|-------------------------|----------------------------------|
| <input type="checkbox"/> Group 1 (14 and under boys and girls) | \$ 160                  | \$ 180                           |
| <input type="checkbox"/> Group 2 (16 and under boys and girls) | \$ 160                  | \$ 180                           |
| <input type="checkbox"/> Group 3 (18 and under girls)          | \$ 160                  | \$ 180                           |
| <input type="checkbox"/> Group 4 (18 and under boys)           | \$ 240                  | \$ 260                           |
|  |                         | Total _____                      |
|  |                         | Check # _____                    |
|  |                         | Total Enclosed _____             |

(One Camper per form)

Make Checks payable to: Molten VBC

T-Shirt (Check one)

Adult Sizes Only:  Adult Small  Adult Medium  Adult Large  Adult X-Large

## Parent Permission & Medical Release

I authorize Molten Volleyball Club and those associated with the Club to administer general first aid treatment for any minor injuries that may occur during any camps held during 2008, for my child/player \_\_\_\_\_ . If the injury sustained is life threatening or in need of emergency treatment, I authorize Molten Volleyball Club or its representatives to summons any professional emergency personnel to attend, transport and treat my child. If the injury sustained requires hospitalization, I understand that I or my medical insurance company is solely responsible for all bills and claims that may be filed as a result of the injury. By signing this medical release form, I further understand that I will not file any civil liability lawsuit against Molten Volleyball Club or its representatives as a result of any injury sustained by my child/player during the camp.

In case of an emergency, Contact: \_\_\_\_\_

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

Signature of Parent or Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_