

Terri Spann's
2010
Boys Volleyball Camps and Clinics



Registration Form

Please mail this form and payment to Terri Spann VB Camps @
19852 S. 190th St. Queen Creek, AZ 85142

Shirt Size: (please Circle) Adult - XS SM M L XL XXL

Camp(s) or Clinic(s) you are registering for: _____

Athlete's Name _____ **Birthdate** _____

School _____ **Club** _____ **Grade** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Parent/Guardian Name _____

Emergency Phone# _____

Email _____ (To receive information on future camps/clinics)

MEDICAL RELEASE

PRIMARY INSURANCE COMPANY _____

NAME OF POLICYHOLDER _____

POLICY # _____

THE ABOVE ATHLETE HAS MY PERMISSION TO PARTICIPATE IN TRAINING, EVENTS, AND ACTIVITIES AS PART OF THE TERRI SPANN VOLLEYBALL CAMPS OR CLINICS SPECIFIED ABOVE. I VERIFY THAT THE ABOVE ATHLETE HAS BEEN CHECKED BY A LICENSED PHYSICIAN AND IS PHYSICALLY FIT TO ENGAGE IN THE ACTIVITIES INVOLVED. I CERTIFY THAT THE ABOVE ATHLETE HAS FULL MEDICAL INSURANCE WITH THE COMPANY LISTED ABOVE. IF ANYTHING WERE TO HAPPEN TO THE ABOVE ATHLETE, I WILL NOT HOLD MESA MOUNTAIN VIEW HS, MESA SCHOOL DISTRICT, TERRI SPANN OR ANY OTHER STAFF MEMBERS RESPONSIBLE. IT WILL BE THE PARENT/LEGAL GUARDIANS RESPONSIBILITY TO MAINTAIN HEALTH INSURANCE FOR HIS/HER SON/DAUGHTER THROUGHOUT THE CAMP OR CLINIC IN WHICH THE STUDENT IS SIGNED UP FOR.

Athlete's Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Printed Name _____

