

GONZAGA POSITION SPECIALIZATION CAMP PLAYER REGISTRATION JULY 14-17, 2008

Coach: please copy and have each participant complete and return to you. Each camper must have this form completed and signed on file.

SCHOOL: AUBURN MOUNTAINVIEW

TEAM: To Be Determined

CAMP TYPE: Resident

Your coach will be in charge of collecting this registration form and camp fees from you.

Please print or type all the information requested.

NAME _____

ADDRESS _____

CITY, ST _____ ZIP _____

E-MAIL ADDRESS _____

HOME PHONE _(_____) _____

PARENT NAME(S) _____

WORK PHONE(S) _(_____) _____

CELL PHONE(S) _(_____) _____

FALL 2007 GRADE _____

BIRTH DATE ____ / ____ / ____

T-SHIRT SIZE (CIRCLE): S M L XL

WILL ALSO BE ATTENDING 2008 GONZAGA

INDIVIDUAL CAMP: YES NO

ATTENDED PREVIOUS GONZAGA CAMP: YES NO

YEAR(S) ATTENDED: _____

MEDICAL

To enroll and participate in the 2008 Gonzaga University Volleyball Camp you must have been approved for athletic participation by a doctor within the last 12 months, be covered by current medical insurance and have a completed and signed medical release. Athletic trainers will have possession of all medical releases. A trainer will be on site during camp hours.

If you have special medical needs, please bring a signed note with full explanation (when to take medication, etc.). Notes will be given to our trainers on the first day of camp.

MEDICAL RELEASE

Medical Insurance Company _____

Subscriber's Name _____

Policy/Group/ID Numbers _____

Doctor's Name _____

Phone Number _____

Allergies, medications, conditions, etc. _____

I hereby authorize my child's participation in the 2008 Gonzaga University Volleyball Camp. I know of no physical, mental, emotional or behavioral problems which may affect my child's ability to safely participate. The camp staff is authorized to attend to any health problem or injury my daughter may incur while attending camp. I understand that my daughter must have current and active medical insurance before she may attend camp and hereby confirm that she does. Neither I nor my daughter will hold Gonzaga University, the Gonzaga University Volleyball Camp and Inland Empire Volleyball, Inc., Kip Yoshimura or any camp employee liable for any injuries/illnesses or expenses relating to any injuries/illnesses sustained while my daughter is at camp.

Date Signature of Parent or Legal Guardian

BEHAVIOR RELEASE

Each participant is expected to:

- Attend all camp activities
- Observe curfew and quiet hours
- Be responsible for her own belongings
- Show respect for equipment, residence hall property, coaching staff and fellow campers
- Follow all University and camp regulations including those that which preclude the possession of drugs, alcohol and tobacco products

I hereby acknowledge that I (my daughter) will observe all camp rules and expectations as listed above, and recognize that in the case of noncompliance I (my daughter) will be subject to immediate dismissal. I further recognize that I (my daughter) is responsible for any damage caused to camp equipment or University facilities. **TWO SIGNATURES REQUIRED.**

Date Signature of Participant

Date Signature of Parent or Legal Guardian