

Club Pacific Volleyball Camp 2019

Registration Form

Campers Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Parent Work/Cell Phone: _____

Email: _____ Alternative Phone: _____

Scheduled School Fall 2019: _____

Age: _____ Grade Fall 2019: _____ Position: _____ Years' Experience: _____

Club Experience: Yes No Club Team / Name: _____

Camp Location: Valhalla High School, 1725 Hillsdale Road, El Cajon, CA 92019

Camp attending: Girls Volleyball Camp: June 24 – June 27, 2019 (1-4 PM)

(Circle the camp)

(that you plan) Girls Volleyball Camp: July 24 - 26, 2019 (8:30AM – 12:30 PM)

(to attend)

Send this form and your \$155 (each or \$295 for both) check payable to **Club Pacific VBC** to:

Club Pacific Volleyball Camp

c/o Doug Babington

2568 Albatross St. Unit 4B

San Diego, CA 92101

Adult Size Camp T-Shirt: XSmall Small Medium Large XL
(circle one)

Medical Release and Insurance

I hereby grant permission for my child _____ to participate in the Club Pacific Volleyball Camp and its activities. I hereby waive, release and discharge Club Pacific Volleyball Club, Valhalla High School, Grossmont Union School District, Club Director, and Coaches from, for and against any and all claims, suits, judgments, damages or liability caused by or resulting from participation in said activities. Knowing the risks of said activities and agree to assume those risks and to release and hold harmless all persons and entities mentioned above. I also give permission for Club Pacific to use my child's images for promotion of the club, websites, brochures, and others as determined by Club Pacific.

Insurance Company

Signature of Camper

Date

Policy Number

Parent/Guardian Signature

Date

Please visit our website for more info. www.clubpacificvb.com