

Carolina Volleyball Travel Camps 2010

APPLICATION / WAIVER

- Name _____
- Address _____
- City, St., Zip _____
- Home Phone _____
- Date of birth _____ Grade entering fall of 2010 _____

WAIVER STATEMENT

I hereby permit my child to participate in all activities at the Carolina Volleyball Camp located at: Atlantic Shores Christian School – Chesapeake, VA JULY 1-2, 2010
location dates

My child/camper has her own medical coverage and I hereby give permission for the staff of the Camp to seek appropriate medical attention for my camper during the period of the clinic/camp. I give permission for the medical attention to be given in the event of accident, injury or illness. *I will be responsible for any and all costs of medical attention and treatment.*

I understand that there may be some risks in connection with this activity and I hereby assume all of the risks and waive any claim that I may have against the Carolina Volleyball Camps, Inc., its agents or staff, and the hosting school and district, in connection with my child's participation in this event.

I further acknowledge that my child is covered by adequate health insurance, and that any medial expenses that my child may incur related to this activity are entirely my responsibility. The Carolina Volleyball Camps, Inc. provides only excess coverage after your insurance policy has been utilized. *Campers will not be allowed to participate unless the following information is submitted and the form signed by the parent or legal guardian of the participant.*

Parent/guardian signature _____

Date _____

INSURANCE INFORMATION

Camper's (Parent) Insurance Co. _____

Address and Phone _____

Policy Number _____

Payment due: _____
Payable to: Robin Brewley

Payment enclosed: _____