



2009 CAMP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

PARENT/GUARDIAN NAME _____

PARENT CELL PHONE _____

PARENT'S EMAIL _____

SCHOOL _____

GRADE FALL 2009 _____ BIRTHDATE _____

HIGH SCHOOL _____

COACH _____

COACH'S EMAIL _____

COACH'S PHONE _____

LEVEL AT SCHOOL - CLUB EXP VARSITY JV JHS BEG

IF YES, WHAT CLUB ? _____

POSITION _____

ROOM MATE (IF RESIDENT CAMPER) _____

ADULT T-SHIRT SIZE (CIRCLE ONE) – S M L XL

CIRCLE WHICH CAMP:	IND SKILLS-JUNE-17-20 TH	OVERNIGHT-399.00
	IND SKILLS-JUNE-17-20 TH	COMMUTER-299.00
	YOUTH DAY CAMP-JUNE 22-25 TH	COMMUTER-299.00
	MIDDLE SCHOOL CAMP-JUNE 22-25 TH	COMMUTER-299.00
	SETTER'S CLINIC-JUNE 22-24 TH	COMMUTER- 145.00
	SERVING CLINIC-JUNE 25 TH	COMMUTER-50.00
	IND SKILLS-JULY 14-17 TH	OVERNIGHT-399.00
	IND SKILLS -JULY 14-17 TH	COMMUTER-299.00
	TEAM CAMP-JULY 20-23 RD	OVERNIGHT-399.00
	TEAM CAMP-JULY 20-23 RD	COMMUTER-299.00

IF REGISTERING BY MAIL, PLEASE SEND APPLICATION, WAIVER, AND CHECK TO:

EMORY VOLLEYBALL CAMP
 1628 PUCKETTS DRIVE SW
 LILBURN, GEORGIA 30047



Emory Volleyball Camp Waiver

I hereby authorize my child to participate in the volleyball camp offered by EVBC, Inc. and Emory University. By execution of this release, I acknowledge and agree that all requirements, directions, and supervision, and standards set by the directors of this program shall be established for my child's benefit.

I hereby voluntarily assume all risk of accident or injury to my child which may rise out of her participation in this program, and therefore release and hold harmless EVBC, Inc. and Emory University from any and all liability that may result from my child's participation. In addition, I give my permission for emergency medical treatment in the event that I cannot be reached in a timely manner.

Parent Name _____

Parent Signature _____

Camper/Player Name _____

Date _____