

DAVIDSON VOLLEYBALL

COLLEGE ID CLINIC

WHO: CURRENT HIGH SCHOOL STUDENTS; GRADES 9-12

WHAT: HIGH LEVEL SKILL TRAINING LED BY THE DAVIDSON VOLLEYBALL COACHING STAFF, AS WELL AS AN AFTERNOON OF COMPETITIVE GAME PLAY. PARTICIPANTS WILL ALSO HAVE THE OPPORTUNITY TO TAKE AN OPTIONAL TOUR OF CAMPUS, ATTEND A DAVIDSON MEN'S BASKETBALL GAME AND MEET SOME OF THE DAVIDSON VOLLEYBALL TEAM. LUNCH AND T-SHIRT INCLUDED.

WHEN: SUNDAY, JANUARY 13, 2019 FROM 9:00 AM - 4:00 PM

****OPTIONAL Davidson Men's Basketball Game****

Saturday, January 12 at 2pm vs VCU

Up to 3 Complimentary tickets for 2019-2020 grads via will call (request tickets below)

2021+ graduates can purchase tickets at www.DavidsonWildcats.com

WHERE: DAVIDSON COLLEGE - BAKER SPORTS COMPLEX (200 BAKER DRIVE, DAVIDSON, NC)

COST: \$100 - INCLUDES LUNCH AND T-SHIRT (Due to very limited size, NO refunds for this camp)

NAME _____ HS GRAD YR _____ POSITION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENTS' NAME(S) _____

PARENT PH# _____ ATHLETE PH# _____

EMAIL _____ HIGH SCHOOL _____

COMPLIMENTARY BBALL TICKETS (up to 3; 2019-2020 grad years only) _____

OPTIONAL CAMPUS TOUR (CHECK ONE): _____ 5pm Saturday _____ 8am Sunday _____ 4:30pm Sunday

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

*For this College ID Clinic, we are only taking paper registration.

*Mail completed form, attached parent form, and check (made out to DAVIDSON VOLLEYBALL) to:

Davidson Volleyball

PO Box 7158

Davidson, NC 28035



Parental Permit

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such proceedings may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my daughter/son. This does ___ does not ___ include administering Tylenol or Benadryl as necessary (please check one).

Camper's Name: _____ Age: _____

Signed: _____ Date: _____

Relationship: _____

Health Insurance Company Policy Holder's Name: _____

Policy #: _____

Medical History

(To be completed by parents)

Are there any medical conditions or dietary restrictions we need to be aware of? Please explain:

Release Statement

I/We, the undersigned, hereby acknowledge and understand that the Chris Willis Volleyball Camps, LLC is a privately run sports camp, and is not operated by or through Davidson College. The Camp is not sponsored, controlled, or supervised by Davidson College, but rather is under the sole sponsorship and supervision of the Camp Director, Chris Willis.

I also hereby understand that the Chris Willis Volleyball Camps, LLC is not responsible for any pre-existing injury or re-occurrence of any undisclosed pre-existing injury or illness of the above camper prior to the first day the camper registers, and the Chris Willis Volleyball Camps, LLC will assume responsibility only for injuries or illness incurred while the above camper is participating in camp activities under supervision during enrolled camping period.

Finally, I understand that once a camper is enrolled in camp there is only a 50% refund for any reason of withdrawing (sickness, illness, conflict of schedule, etc.) up until two weeks prior to camp to be attended. After that date, there will be NO refunds.

Signed: _____ Date: _____