

DAVIDSON VOLLEYBALL SUMMER CAMPS 2020

www.davidsonvolleyballcamps.com

Name _____ HS Grad. Yr. _____

Address _____

City _____ State _____ Zip _____

School attending fall of '20 _____

Date of Birth _____ Position _____

Parents' Name(s) _____ Parent ph # _____

Athlete ph # _____ Text msg ok for Parent? Y N Athlete? Y N

Parent E-mail _____ Athlete e-mail _____

Emergency Contact Name _____ Emergency Contact Ph # _____

Roommate preference for High School Resident camper: _____

T-Shirt Size (circle one): Youth S, M, L or Adult S, M, L, XL

Please check camp(s) you are registering for:

- Young Players Camp** (July 8-10) \$300
- High School Individual Camp** (July 12-14)
 - Resident \$385
 - Commuter \$285
 - Airport Transportation \$20
- Setter/Hitter Camp** (July 16) \$130
- Libero Camp** (July 16) \$50
- Team Camp** (July 17-19)
 - Resident (Dorms and meals) \$280
 - Res + Setter/Hitter Camp* \$410
 - Res + Libero Camp* \$350
 - Res + Setter/Hitter Camp + Lib* \$450
 - Commuter (No housing/no meals) \$150

Total Enclosed: \$ _____

MAIL TO:

Chris Willis Volleyball Camps
118 Martin St.
Davidson, NC 28036

CHECKS WRITTEN TO:

CHRIS WILLIS VOLLEYBALL CAMPS

Refund Policy: Davidson Volleyball Camps will refund 50% of camp fees up to 2 weeks prior to the start of camp. After that, NO refunds will be made.

Parental Permit

My signature below indicates that my child is cleared medically to participate in this athletic camp.

As well, the law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed 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).

Circle Camp(s) Attending:

Young Player I High School Young Player II Setter/Hitter Libero Team

Camper's Name: _____ Age: _____

Signature: _____ Date: _____

Any Medications – Yes/No If Yes, please list _____

Any Allergies – Yes/No If Yes, please list _____

Any other special medical conditions - Yes/No If Yes, please list on back if needed _____

Health Insurance Carrier (Provider) _____

Health Insurance Subscriber Name _____

Health Insurance Policy Number _____

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 of camp participation. Since I understand the camp is not without some inherent risk of injury, I hereby release, waive, discharge, and covenant not to sue the camp, its employees, and Davidson College from liability or claims whether caused by the negligence of the releases or upon the camp premises.

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.

Signature: _____ Date: _____