

DAVIDSON VOLLEYBALL

COLLEGE ID CLINIC

WHO: STUDENTS GRADES 8-12
WHAT: COLLEGE ID CLINIC IS DESIGNED TO PROVIDE PARTICIPANTS WITH A HIGH-LEVEL SKILL TRAINING VOLLEYBALL SESSION IN A SMALLER CLINIC ATMOSPHERE. TRAINING WILL BE LED BY THE DAVIDSON VOLLEYBALL COACHING STAFF. STUDENTS WILL ALSO HAVE THE OPPORTUNITY TO TOUR THE ATHLETIC FACILITIES. MEAL WILL NOT BE INCLUDED.
WHEN: SATURDAY, OCTOBER 5, 2019
TIME: 9:00 AM-12:00 PM
WHERE: DAVIDSON COLLEGE - BAKER SPORTS COMPLEX (200 Baker Dr. Davidson, NC 28035)
COST: \$25.00 (Due to limited size, NO refunds for this clinic)
CASH OR CHECK ACCEPTED (check made out to Davidson Volleyball)
PAYMENT COLLECTED AT CHECK-IN ON 10/5
REGISTER: CALL/TEXT TO RESERVE YOUR SPOT! (479-225-1751)

CLINIC IS LIMITED, ON A FIRST-COME SERVED BASIS
EMAIL COMPLETED FORM TO: [aumarsellis@davidson.edu](mailto:aumarsellis@ davidson.edu)

NAME _____ POSITION _____

HIGH SCHOOL _____ HS GRAD YR _____ CLUB TEAM _____

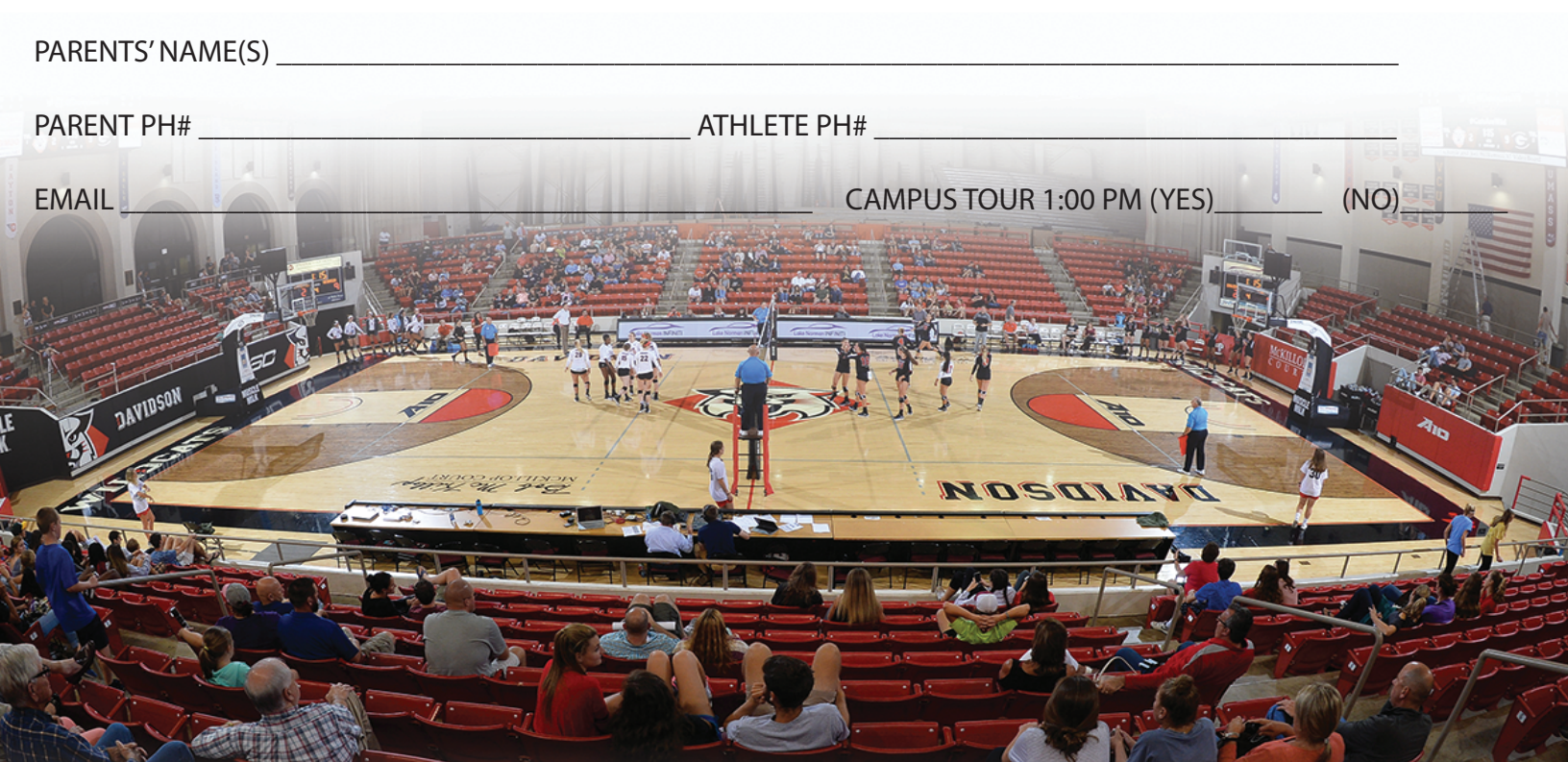
ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENTS' NAME(S) _____

PARENT PH# _____ ATHLETE PH# _____

EMAIL _____ CAMPUS TOUR 1:00 PM (YES) _____ (NO) _____



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 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 reoccurrence 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.

Signed: _____ Date: _____

