

Player Information

(This must be completed in full with payment attached to guarantee registration)

Player's Name _____ Clinic # _____

Street Address _____

City _____ State _____ Zip _____

School _____ Grade _____

Guardian's Names _____

Emergency Contact Number _____

Health Insurance Co. _____ Policy # _____

Volleyball Experience (check all that apply with number of years):

_____ attended vb camp _____ played for school _____ played club

T-Shirt Size _____ (These are adult sizes: XS, S, M, L)

Parental/Guardian Release

My child, _____, understands, as I do, that the sport of volleyball is an active sport in which ankle, knee, shoulder, elbow, wrist, hand, finger, and other injuries are common. I give her permission to participate in the Augustana Volleyball Clinic 2010. I understand that while at this clinic, my child is under supervision, but that Augustana College and the employees of the clinic are in no way responsible for an injury she may incur while participating in camp activities. I have read this statement and agree fully to its contents.

Signature of Parent/Guardian _____ Date _____

*You will receive a confirmation letter of your registration with further details before the clinic begins. Please plan on arriving to the Carver PE Center 10-15 minutes early on the first day of the clinic.