

# CC VOLLEYBALL CAMP WINTER SESSIONS Registration Form

(Please complete a separate registration form for each camper)

To enroll in a CC Volleyball Camp Winter Session, please complete and return this form along with the \$50 registration fee made payable to: **CC Volleyball Camp.**



**Mail to:**  
CC Volleyball Camp  
270 Mohegan Ave.  
Box 5337  
New London, CT 06320



## FEB. 15 & 16, 2010 (School Break!)

Please check the appropriate box

**JUMP START PROGRAM**      **9-11 AM**      **\$50**     

**WINTER CLINIC**      **1-3 PM**      **\$50**     

### PLAYER INFORMATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**You will be notified of registration by email! Please print clearly and be sure to double check accuracy. This will be our only means of confirming a registration.**

### EMERGENCY CONTACT INFORMATION

1) Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Be sure to complete both pages / sides!**

# CC VOLLEYBALL CAMP WAIVER STATEMENTS

All campers must have their own medical coverage. CC Volleyball Camp will have a certified Athletic Trainer on duty for all sessions. Campers will not be allowed to participate unless the following information is submitted and the form signed by the parent or guardian of the camper.

Camper's Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of CC Volleyball Camp to seek during the period of the camp appropriate medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness.

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Connecticut College Volleyball Camp, and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury, or loss is due to negligence. I/We the undersigned fully understand that Connecticut College will not be held liable for any occurrence at camp.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper signature

\_\_\_\_\_  
Camper name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Parent / Guardian name (printed)

**Be sure to complete both pages / sides!**