

CARDINAL SPELLMAN VOLLEYBALL CAMP 2010

- INCOMING FRESHMAN/PRESENT SOPHOMORES
- MONDAY JULY 26th THROUGH FRIDAY JULY 30th
- 9:00AM – 3:00PM
- \$100

LUNCH IS NOT PROVIDED...BRING YOUR OWN
SODA & SNACKS AVAILABLE FROM VENDING MACHINES

★ REGISTRATION ★

Name _____
Address _____
City, State, Zip _____
Date of Birth (m/d/y) _____ AS OF JULY 1, 2010
Parent(s)/Guardian(s) _____
Home Phone _____ Work Phone _____

School Attended _____
Grade Completed _____
Height _____ Weight _____

Please check the appropriate box:

- **BEGINNER I:** This is designed for the athlete who has had no formal volleyball experience i.e. not a member of a school team or club team. This athlete is learning the skills & game of volleyball for the first time.
- **BEGINNER II:** This athlete has had some experience on a club or school team.
- **INTERMEDIATE:** This athlete has had experience playing on a school/club team for at least two (2) years.

★ RELEASE ★

I, the undersigned, individually and as parent(s) and guardian(s) of

_____, a minor, ask that he/she be admitted to participate in this sport camp sponsored by Cardinal Spellman High School. In consideration of such admission, I do hereby release, discharge, and hold harmless Cardinal Spellman High School, the camp staff, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving said minor arising out of the minor's attendance at the sports camp or in the course of competition and/or activities held in connection with the sports camp.

Both signatures requested:

Mother's/Guardian's Signature

Father's/Guardian's Signature



MEDICAL INFORMATION



| | | |
|-----------------------------------|------------|------------|
| Athlete's Last Name | First Name | MI |
| Home Address | City, | State, ZIP |
| Mother's/guardian's Daytime Phone | Home Phone | Cell |
| Father's/guardian's Daytime Phone | Home Phone | Cell |

MEDICAL TREATMENT AUTHORIZATION

I realize that participation in any sport may cause physical injury. I verify that my child has received a physical examination during the present school year and is physically fit to participate in strenuous activity. I give permission for medical attention for illness or injury while my minor child, _____, is attending camp.

Existing Medical Conditions (such as Allergies, Seizures, etc.):

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I understand that 911 will be utilized and the emergency contact listed below will be notified:

| | |
|---|----------|
| Name of Emergency Contact | Phone(s) |
| Name of Family Physician | Phone(s) |
| Parent's/Guardian's Signature | Date |
| Insurance Company (Name, Address, City, State, Zip) | |

- Payment for camp is due on or before July 8, 2010.
- Payment may be made in person @ Cardinal Spellman High School between the hours of 9:30AM and 2:00PM beginning June 22, 2009@ the Scholastic Office (Main Entrance on Cardinal Spellman Place/Needham Av) or by mail accompanied by this form to:
Attention J. Faulkner 1 Cardinal Spellman Place Bronx, NY 10466 718 881-8000 xt211
- Payment may be in the form of cash, checks or money orders payable to Jeri Faulkner before July 8, 2010. After July 8th payments should be made in the form of a money order or cash.
- All campers will receive a Camp Shirt.