

CARDINAL SPELLMAN VOLLEYBALL CAMP

2011

- AGES 8 - 15
- TUESDAY JULY 5th THROUGH FRIDAY JULY 8th
- SUNDAY JULY 31st THROUGH WEDNESDAY AUGUST 3rd
- 9:00AM – 3:00PM
- \$125 per session

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, 2011

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 June 20, 2011.**
- **Payment may be made in person @ Cardinal Spellman High School between the hours of 9:30AM and 2:00PM beginning June 13, 2011@ 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 Cardinal Spellman before June 20, 2011. After June 20th payments should be made in the form of a money order or cash.**
- **All campers will receive a Camp Shirt.**