

**2018 Calhan Satellite Volleyball Camp  
Registration Form**

**CHRISSY ELDER VOLLEYBALL CAMPS  
RELEASE STATEMENT**

**Camper Information**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

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

E-Mail (**will be used to send confirmation packets**):  
\_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Grade (next fall) \_\_\_\_\_

School \_\_\_\_\_

Club Team \_\_\_\_\_

**Circle T-shirt size (add \$10 for T-shirt):**

Adult Sizes **S M L XL XXL**

**Parent/Guardian Information**

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact and Phone:  
\_\_\_\_\_

**Camp Information:**

- July 9<sup>th</sup>: Middle School--\$30
- July 10<sup>th</sup>-11<sup>th</sup>: High School--\$50
- The camp will be hosted at Calhan High School
- Camp cost does not include T-shirt

**Camp Attending W/ Price:**

- Middle School—9<sup>th</sup>: 10am-Noon & 1pm-3:30pm (\$30)
- High School— 10<sup>th</sup>: 9:30am-Noon & 1pm-3:30pm  
11<sup>th</sup>: 9am-Noon (\$50)
- Add T-shirt (\$10)

\$ \_\_\_\_\_ **TOTAL DUE**

Make check payable to:

**Chrissy Elder Volleyball Camps**

**Return (postdate on or before July 1) to:**

UCCS Volleyball Camps  
1420 Austin Bluffs Pkwy  
Colorado Springs, CO 80918

-or online at [www.mountainlionvolleyballcamps.com](http://www.mountainlionvolleyballcamps.com)

I/we, the undersigned, hereby certify that I am/we are the parent(s) or legal guardian(s) of the camper. I/we hereby authorize the staff of the Chrissy Elder Volleyball Camps to act for me according to their best judgment in providing or arranging for emergency care in any emergency requiring medical attention.

I/we hereby waive, release, absolve, indemnify, and agree to hold harmless Chrissy Elder Volleyball Camps employees, suppliers, sponsors, and participants for any and all liability and for any and all injuries or illness incurred while at camp.

I/we acknowledge that participation in this camp may result in accidents and/or injuries. Even though I know that there are risks involved, I still give my approval for my child to participate in any and all camp activities and I expressly assume all risks and hazards incidental to such participation. I have no knowledge of any physical impairment or health problems that would be affected by my child's participation in the Chrissy Elder Volleyball Camps.

By signing this form, I/we acknowledge that I have read and understand the above warning.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_

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

**Parental Consent Form—Please Print**

Camper Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_

Allergic Reaction to drugs, food, asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Taking Medications at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

\*All campers must have their own medical insurance.

Emergency Contact and Phone:  
\_\_\_\_\_

**Parents Signature:**

\_\_\_\_\_