

2018 Mountain Lion Volleyball Camp Registration Form

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 _____

Parent/Guardian Information

Name: _____

Home/Cell Phone (_____) _____

Camp Information:

- Mini Mountain Lion Camp: \$90 (1st-6th Grade)
 June 18th-20th, 9am-Noon
- Skills Clinics: \$65 per clinic 2pm-6pm
 Hitters Clinic: **June 18th**
 Ball Control Clinic: **June 19th**
 Setters Clinic: **June 20th**
- Elite Skills ID Day Camp (**July 18th-20th**):
 --9am-4pm (Lunch Provided): \$300
 Setter
 Outside/Right Side Hitter
 Middle Blocker
 Libero

\$ _____ **TOTAL DUE**

***Non-Refundable fee of \$75**

Make check payable to:

Chrissy Elder Volleyball Camps

Return to:

UCCS Women's Volleyball Camps
1420 Austin Bluffs Pkwy.
Colorado Springs, CO 80918

Or online at www.mountainlionvolleyballcamps.com

CHRISSY ELDER VOLLEYBALL CAMPS RELEASE STATEMENT

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 Summer Sports 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 _____

Emergency Contact and Phone: _____

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.

Parents Signature:

X _____

For more questions or lodging information contact Coach Elder at 719-255-3282 or at relder2@uccs.edu