

2015 Weekend Volleyball Clinic Registration Form

Please Write Clearly

Please make your check payable to Coastal Carolina Volleyball Academy or CCVA.

Weekend Volleyball Clinic: May 16th, 17th, 23rd, & 24th, 2015, 5:00 pm-7:00 pm

Fee: \$25.00/ any 1 session; \$50.00/any 2 sessions; \$75.00/any three sessions;
\$100.00/all 4 sessions

REGISTRATION:

Participant's Name: _____

Participant's Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Participant's Email Address: _____

Additional Email Address: _____

Date of Birth: ____/____/____ Height: _____ ft _____ in. Current Grade: _____

School: _____ High School Graduation Year: _____

Club (or N/A): _____ # Years Club (or N/A): _____

Position (or N/A): Setter Outside Middle Opposite Libero/DS

INSURANCE INFORMATION:

Insurance Company: _____

Insurance Company Phone (Toll Free Number on your Insurance Card): _____

Group/Policy#: _____

Policy Holder's Name: _____

HEALTH INFORMATION:

Allergies (food, drug, insect) (or N/A) _____

Injuries and Date Occurred (or N/A): _____

Medications the Camper is Currently Taking (or N/A): _____

Medical Conditions/Special Instructions (please list any medical conditions, important information or/and instructions):

Emergency Contact's Name and Phone: _____

Alternate Emergency Contact's Name and Phone: _____

COASTAL CAROLINA VOLLEYBALL ACADEMY CAMP WAIVERS:

AGREE TO TERMS:

The NCAA Guidelines, Release of Liability and Consent for Treatment of a Minor must be read and agreed upon by parent/guardian of all campers. Please read the following statements. Your signature on the registration form is required.

NCAA GUIDELINE STATEMENT

NCAA Guidelines prohibit payment of camp expenses (e.g.: transportation, camp fees, spending money, etc) by a representative of Coastal Carolina Athletics, Inc Interests. NCAA Rules also prohibit free or reduced camp admission for prospects (9th grade and above).By agreeing to terms, I affirm that I have read and understand the NCAA legislation as it pertains to the payment of camp expenses for the camper listed on the registration form. I understand that any violation of NCAA rules may jeopardize the NCAA eligibility of my son/daughter.

ASSUMPTION OF RISK/RELEASE OF LIABILITY

I, the undersigned, of the camper named on the registration form, hereby acknowledge that he/she is covered by medical insurance as listed above. It is further understood that Coastal Carolina University and/or Coastal Carolina Athletics, Inc. does not provide medical insurance covering injuries of any nature incurred at the Coastal Carolina Volleyball Academy Camps. The undersigned hereby releases Coastal Carolina University, Coastal Carolina Athletics, Inc., and Coastal Carolina Volleyball Academy Camps, its successors, assigns, agents, and employees, from any and all claims, demand and causes of action whatsoever in any way growing out of or resulting from participation of the forenamed camper in the 2015 Coastal Carolina Volleyball Academy camps/clinics.

CONSENT FOR TREATMENT OF A MINOR

Parent/Guardian: By agreeing to terms, I grant permission for medical treatment to the forenamed camper in case of an emergency while on the Coastal Carolina campus. I, the undersigned, authorize the staff of the Coastal Carolina Volleyball Academy Camps/Clinics to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Coastal Carolina Volleyball Academy Camps/Clinics from any and all liability for any injuries or illnesses incurred while at camp/clinic. I have no knowledge of any physical impairment that would be affected by the forenamed campers' participation in the camp program as outlined in the registration information. I am bound to hold the Coastal Carolina University, Coastal Carolina Athletics, Inc., Coastal Carolina Volleyball Academy Camps/Clinics, staff, trainers, local hospitals, health center, and its staff and physicians, harmless from any and all consequences of such treatments, diagnosis, or surgery; that these duties are performed with ordinary care, and to the best of their ability. In the event of an emergency, our athletic trainer will attempt to contact parent/guardian promptly to communicate the nature and seriousness of the situation.

Parent/Guardian Signature [REQUIRED]

Printed Name of Participant

Date

Payment Information:

Number of Sessions: _____

Amount of Payment: \$ _____

Enclosed Check Number: _____