

2019 CCVA Camps Mail-In Registration Form (Please Print)

Please mark the camp you are registering to attend.

_____ **Serve-Pass-Defense Camp, July 6th-8th, 2019**

Fee: \$355.00/Overnight Camper, \$315.00/Commuter Camper

\$284.00/Overnight Camper with 20% CCU Faculty/Staff Discount

\$252.00/Commuter Camper with 20% CCU Faculty/Staff Discount

_____ **Setter Camp, July 6th - 8th, 2019**

Fee: \$355.00/Overnight Camper, \$315.00/Commuter Camper

\$284.00/ON Camper with 20% CCU Faculty/Staff Discount

\$252.00/C. Camper with 20% CCU Faculty/Staff Discount

_____ **Hitter Camp, July 6th – 8th, 2019**

Fee: \$355.00/Overnight Camper, \$315.00/Commuter Camper

\$284.00/Overnight Camper with 20% CCU Faculty/Staff Discount

\$252.00/Commuter Camper with 20% CCU Faculty/Staff Discount

_____ **Elite All Skills Camp, July 9th - 11th, 2019**

Fee: \$355.00/ Overnight Camper, \$315.00/Commuter Camper

\$284.00/ Overnight Camper with 20% CCU Faculty and Staff Discount

\$252.00/Commuter Camper with 20% CCU Faculty and Staff Discount

REGISTRATION:

Participant's Name: _____

Participant's Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Participant's Email Address: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Email Address: _____ Phone #: _____

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

School: _____ High School Graduation Year: _____

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

Position (please circle one): Setter Outside Middle Opposite Libero/DS

T-Shirt Size (please circle one): Youth L Adult S Adult M Adult L Adult XL

Roommate Preference (or N/A): _____

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): _____

Dizziness, Headaches (or N/A): _____

Please List Any Medications (prescription and/or OTC) the Camper is Currently Taking (or N/A):

Medical Conditions/Special Instructions/Special Dietary Needs (or N/A) (please list any medical conditions, important information and/or instructions)

Emergency Contact's Name(s) and Phone Number(s):

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 2019 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 Camper

PAYMENT INFORMATION

Amount of Payment: \$ _____ *If it is a discounted payment, please indicate your CCU affiliation here: _____

Enclosed Check Number: _____

Date: _____

Please make your check payable to Coastal Carolina Volleyball Academy. The completed registration form along with the full payment should be mailed to Coastal Carolina Volleyball Camps, P.O. Box 261954, Conway, SC 29528.

PLEASE NOTE: The mail-in registration **MUST arrive no later than 14 days** prior to the first day of the camp. If you missed the mail-in registration deadline, you may still register online at www.coastalcarolinavolleyballacademy.com up to **7 business days** prior to the first day of the camp.