



Peachtree Volleyball Registration Form

Summer Volleyball Camp 2011

Office Use Only:
Check #: _____

1. Choose Session: __June 27-30 (\$105) __July 11-14 (\$105) __June 27-30 AND July 11-14 (\$210)
2. Choose Level: __Beginner (9:30am-12:30pm) __Intermediate (1-4pm) __Advanced (6-9pm)

Call with questions regarding proper placement of players. Checks payable to Peachtree Volleyball. Minimum of 6 players/session required—full refund if minimum is not met. **Registration deadline to guarantee selected T-shirt size: June 17.**

3. Player Info: **T-Shirt Size: __YM; __YL; __YXL; __S; __M; __L**
Name: _____ Grade (rising): _____ Phone: _____
Address: _____ City: _____ Zip: _____
Volleyball Experience (if any): _____

4. Parent Info:
Name: _____ Address (if different): _____
Phone: _____ City: _____ Zip: _____
Cell: _____ Email: _____

I'll be (____ at work OR ____ at home) during camp hours. If "at work" is checked, please fill in:

Work Phone: _____ Employer: _____

5. MEDICAL INFORMATION and RELEASE

Allergies/Allergy Medications: _____

Current Medications: _____

Chronic Illnesses/Medical Conditions/Prior Injuries: _____

Physical Limitations or Handicaps: _____

Any other information that would help us in coaching your child: _____

AUTHORIZATION FOR RELEASE OR EMERGENCY FORM AND RELEASE OF LIABILITY

1. Permission is granted to the officials, staff, volunteers of Peachtree Volleyball and Simpsonwood United Methodist Church (SUMC) to administer First Aid, to obtain services of a Licensed Physician, and to arrange transportation to nearest hospital in case the child named above is seriously ill, injured or requires hospitalization or medical treatment.
2. Permission is also granted to Attending Physicians to render whatever treatment they deem necessary for the player's welfare. The responsibility for all expenses incurred will be assumed by the individuals whose signature appears below.
3. I hereby release and discharge the officials, staff and volunteers of Peachtree Volleyball and SUMC from any and all liability in case of accident or any other injury which might occur my child through administering First Aid or transportation to a medical facility. I hereby release any and all of the above from any liabilities because of any injury or damage which might occur while in the care of the officials, staff and volunteers.
4. I understand the risk of injury to my child from the activities involved in this program is significant and the risk of serious injury does exist.
5. I, for myself, spouse and child/ward, knowingly and freely assume all such risks, both known and unknown and hereby release and hold harmless Peachtree Volleyball and SUMC with respect to any and all injury, disability, death or loss or damage to person or property.
6. I have read and understand this Authorization for Release or Emergency and Release of Liability Form and understand that I, for myself, spouse and child/ward, have given up substantial rights by signing on the signature line and sign it freely and voluntarily.

Child's name: _____ Parents Name: _____

Signature of Parent: _____ Date: _____

Insurance Company: _____ Phone: _____

Name of Insured: _____ Policy #: _____ Group #: _____

SPACE IS LIMITED. To reserve your spot, please print, sign, and mail with payment to **PEACHTREE VOLLEYBALL, 3855 HIGH SHOALS DRIVE, NORCROSS, GA 30092**. REGISTRATION DEADLINE TO GUARANTEE AVAILABILITY OF SELECTED T-SHIRT SIZE IS JUNE 17, 2011. Late registrations will be considered if space is available and T-shirts will be provided if inventory allows. No refunds for June session after June 20, 2010. No refunds for July session after July 5, 2010. You will receive an email confirmation with additional information once your form is received. Please place "peachtreevolleyball@gmail.com" in your "safe" email list. Sorry, no credit cards. We can provide tax ID number and/or receipt upon request.