

BHS Volleyball Youth Clinics Summer 2017

July 15th and 22nd 1-4pm

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size _____

School: _____

Grade attended year 2015-2016: _____

Home address: _____

_____ City:

_____ State/Province:

Parent email: _____ Postal/Zip Code: _____

_____ Country: Telephone: cel: _____

(Include area code with telephone)

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____

(Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____

Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: ___ **Payments:** Tuition may be paid by cash or by check.

Make the check payable to: **BHS Volleyball**

Please send to Blacksburg High School

3401 Bruin Ln, Blacksburg, VA 24060

Camp Fees:

- \$20 a session
- Please write what clinic/s you will be attending:

• _____

Contact Information

For more information, contact Nicole Kessner, Camp Director at 540-553-1332
 Emails: blacksburgvolleyball@gmail.com

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____ **REQUIRES PARENT’S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

I hereby give permission to **Blacksburg High School Volleyball** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper’s name) _____ is in good mental and physical health condition to participate in the activities provided by **Blacksburg High School Volleyball** including but not limited to all aspects of volleyball and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Blacksburg High School Volleyball, its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Blacksburg High School Volleyball and Blacksburg High School.**

I understand that **Blacksburg High School Volleyball** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Blacksburg High School Volleyball** or its scheduled program and that **Blacksburg High School Volleyball**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____