



STATE UNIVERSITY OF NEW YORK AT GENESEO
GENESEO VOLLEYBALL CAMPS

Please select the camp(s) you are registering for.

July 23-26, 2018: _____ Beginner/Intermediate Skills Day Camp [6th-8th]

July 23-26, 2018: _____ Intermediate/Advanced Skills Evening Camp [9th-12th]

July 27-29, 2018: _____ Elite/Prospect Overnight Camp [9th-12th]

Circle one: Overnight Commuter

CAMPER INFORMATION

Camper Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone (best reached at): _____

Email: _____ Alternate Email: _____

School: _____ Grade Entering: _____

Primary Position: Setter MB DS/Libero OH OPP

Club Team (if applicable): _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Roommate Request (if applicable): _____

FEE (Please circle the amount you are paying for registration):

Beginner/Intermediate Day Camp: \$175 \$185 (after July 15th)

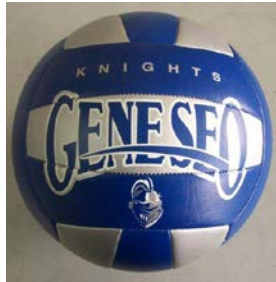
Intermediate/Advanced Evening Camp: \$125 \$135 (after July 15th)

Elite/Prospect Overnight Camp: \$300/\$250 \$325/\$275 (After July 15th)



Add-Ons

Custom Molten Geneseo Volleyball _____ Quantity \$15 each



Total: _____

Make checks payable to: Geneseo Foundation (in the memo line, please write "Women's Volleyball")

Mail to: Geneseo Volleyball, 1 College Circle, Geneseo, NY 14454

MEDICAL INFORMATION

Health Insurance Company: _____

Policy Number: _____

Physician's Name: _____ Physician's Phone: _____

**please provide a front & back copy of health insurance card*

Please note any health related problems we should be aware of: (allergies, medications, restriction...)

Medical Treatment Consent



I hereby authorize that my child or ward be admitted to the Geneseo Volleyball Camp and may engage in all prescribed camp activities except as indicated above.

I also authorize the directors and or camp staff to act for me according to their best judgment in any emergency requiring medical attention. I give my permission for my child to be treated by a qualified athletic trainer or licensed physician. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure proper treatment for my child as named above.

I further agree that the Geneseo Volleyball Camp staff should be held harmless from and indemnified against any and all liability, cost, claims, loss or damage which it or they may incur as a result of an accident or injury to my child.

Signature of Parent or Legal Guardian _____

Telephone Numbers Day: _____ Night: _____

Emergency contact if parent cannot be reached

Name/Relationship: _____ Phone: _____

Signature of Parent/Guardian

Date