

# UB VOLLEYBALL CAMP REGISTRATION FORM

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_ Entering grade \_\_\_\_\_ in Fall '07  
 E-mail Address: \_\_\_\_\_ Position: \_\_\_\_\_  
 Name of Coach (if any): \_\_\_\_\_  
 Roommate Preference: \_\_\_\_\_ T-shirt size: \_\_\_\_\_  
[t-shirts available in adult sizes only]

Please indicate the camp(s) you are registering for:

### HIGH POTENTIAL CAMP

**July 12-15** (girls, ages 15-18)

Overnight Camper: \$350  Commuter Camper: \$305

### ALL SKILLS CAMP

**July 12-15** (girls, ages 10-16)

Overnight Camper: \$325  Commuter Camper: \$285

### POSITION CAMP: Setter, Hitter, Libero

**July 16-17** (girls, ages 12-18)

Overnight Camper: \$125  Commuter Camper: \$110

### TEAM SKILLS CAMP

**July 18-20** (girls, ages 13-18)

Team Camper: \$225 per camper

### TEAM COMPETITION CAMP

**July 18-20** (girls, ages 13-18)

Team Camper: \$225 per camper

\*Total enclosed \$ \_\_\_\_\_

\*A \$10 service charge will be assessed for all returned checks.

I hereby request that my child be admitted to the UB Volleyball Camp and authorize the directors or any member of the staff to act for me according to their best judgement in any emergency requiring medical attention for which I will pay all costs. I understand that any camper who does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement or recourse.

\_\_\_\_\_  
 Parent/Guardian signature Date

# 2008 UNIVERSITY AT BUFFALO VOLLEYBALL CAMPS



Return this completed registration form and payment in the form of check or money order (payable to UB FOUNDATION) to:

**University at Buffalo Volleyball Camps  
 214 Alumni Arena  
 Buffalo, NY 14260**

**The deadline for application submission is July 1, 2008.**

# WAIVER FORM RELEASE FOR MEDICAL TREATMENT

Please complete this application carefully, filling out all of the information. Your admittance to the camp may be delayed if the information is incomplete.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Health History: Please list ANY allergies, disease and/or medications (Conditions physicians should be made aware of.) Please include a separate sheet if you need more room. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Last Tetanus Immunization: \_\_\_\_\_

Dpt: \_\_\_\_\_ Booster: \_\_\_\_\_

Polio OPV (Sabin): \_\_\_\_\_ Booster: \_\_\_\_\_

Measles Vaccine: \_\_\_\_\_ Small Pox: \_\_\_\_\_ Typhoid: \_\_\_\_\_

German Measles: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_

Haemophilus Influenza Type B: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Physician's Phone Numbers: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Parent/Guardian Authorization: This health history is correct to the best of my knowledge, and the person herein as described has permission to participate in all camp activities except as listed above. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above.

\_\_\_\_\_  
 Parent/Guardian Signature (Required) Date

Parent/Guardian Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

My son/daughter has had a physical recently and may participate in all activities at the UB Volleyball Camp. I give permission for my son/daughter to be treated by a certified athletic trainer or licensed physician. I further agree that the UB 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.

\_\_\_\_\_  
 Parent/Guardian Signature (Required) Date

**FULL TIME TRAINER WILL BE AVAILABLE AT ALL TIMES**

Please note: NCAA rules prohibit representative of UB's athletics interests (a booster) who is not naturally or legally responsible for a prospective student-athlete (grades 9-12) from providing any expenses to attend a camp or clinic. Violations of this could result in loss of NCAA eligibility for the prospective student-athlete. If you have questions regarding this or any other NCAA rule, please contact the UB Office of Compliance at (716) 645-3146.