

UB VOLLEYBALL CAMP REGISTRATION FORM

Last Name: _____
 First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Age: _____
 Emergency Phone: _____ Entering grade _____ in Fall '09
 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 11-14 (girls, ages 13-18)

Overnight Camper: \$400 Commuter Camper: \$350

ALL SKILLS CAMP

July 11-14 (girls, ages 10-18)

Overnight Camper: \$375 Commuter Camper: \$325

POSITION CAMP: Setter, Hitter, Libero

July 15-16 (girls, ages 10-18)

Overnight Camper: \$175 Commuter Camper: \$140

TEAM SKILLS CAMP

July 17-19 (girls, ages 10-18)

Team Camper: \$300 per camper

TEAM COMPETITION CAMP

July 17-19 (girls, ages 13-18)

Team Camper: \$300 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

2009 UNIVERSITY AT BUFFALO VOLLEYBALL CAMPS



Register online at www.ubcamps.com

or mail application, payment and completed medical form to:

University at Buffalo Volleyball Camps

University at Buffalo

121 Fargo Building • Buffalo, New York • 14261

The deadline for application submission is July 1, 2009

WAIVER FORM RELEASE FOR MEDICAL TREATMENT

Name: _____

Date of Birth: _____ Sex: _____ Age: _____

Health History: Please list ANY allergies, disease, medications, special needs, restrictions and/or limitations. Please include a separate sheet if you need more space.

List date(s) of immunization against the following:

_____ Diphtheria
 _____ Haemophilus Influenza Type B
 _____ Measles
 _____ Mumps
 _____ Poliomyelitis
 _____ Rubella
 _____ Tetanus
 _____ Varicella

Family Physician's Name: _____

Physician's Phone Numbers: _____ (Day) _____ (Evening)

Parent/Guardian Health Insurance Company: _____

Policy Number: _____

Address: _____

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.

My son/daughter has had a physical recently and may participate in all activities at the UB 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 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

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.

A FULL TIME ATHLETIC TRAINER WILL BE AVAILABLE AT ALL TIMES