Mini Camp Registration Form

All campers, parents and/or guardians must read, complete and sign this form to complete the registration process. Upon completion, please fax it to: 520-626-7018 or you can send it in to the camp address.

CANCELATIONS & REFUNDS

If you must cancel, please let us know immediately. It will allow us to have the opportunity to admit someone on the waiting list. There is a **$25 non-refundable fee** applied to each camper. There are no refunds for no-shows. Any other refunds will be sent within one week of camp completion.

PAYMENTS

Make all checks payable to David Rubio Volleyball Camp Send payments to **CAMP ADDRESS**: David Rubio Volleyball Camp, 1 National Championship Dr. McKale Center Room 211, Tucson, AZ 85721

- Credit Cards payments are only accepted on-line. Credit card payments are not accepted @ check-in

If paying by personal check, please pay in full upon registration. Personal checks will no longer be accepted at check-in. For more information call (520) 818-8668 or e-mail davidrubiovolleyballcamp@gmail.com

SUPERVISION & CONDUCT

All campers are expected to conduct themselves responsibly and follow all camp rules. Campers are expected to be on-time for all sessions. No alcohol, no smoking, no drugs. If you are caught using or in possession of any of these, you will be sent home immediately. Always let your coaches know where you are. Supervision will be provided for ALL campers at all times. If you have questions or special needs, please email davidrubiovolleyballcamp@gmail.com

"Mini Camp" REGISTRATION INFORMATION

Name_____School_____Club_____
Address_____City_____ST_____Zip_____
Cell Phone ( )_____Email Address_____
Age_____ Birthdate_____/_____/_____Has camper played before? (circle one) YES NO If yes, # of Years_____
T-Shirt (adult sizes – please check one) S_____M_____L_____XL_____ How did you hear about camp?_____

MEDICAL RELEASE APPROVAL

Name of Camper_____ Male/Female (circle one) Past Health _____ Past Injuries _____ Present Medication _____ Allergies _____
Insurance Company _____ Policy # _____ Policy Holder _____ Insurance Company Address _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the David Rubio Volleyball Camp. I hereby agree and promise that I will not hold David Rubio's Volleyball Camp or its employees responsible for any loss, damages, or personal injury received as a result of participation. I hereby authorize the directors of the David Rubio's Volleyball Camp to act for my child according to their best judgment in an emergency requiring medical attention. I agree to allow my child to be treated by a first aid provider or licensed physician (if necessary) and to assume costs related to such treatment. I authorize my insurance company to pay benefits to Student Health service or University Medical Center. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim. This camp is not an official function of The University of Arizona.

Parent or Guardian Signature _____ Print Name _____ Date _____
Street Address _____ Zip _____
City _____ State _____ Home ( ) _____ Cell ( ) _____