

CAMP POLICY & MEDICAL RELEASE FORM

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

DEPOSITS

A deposit of one-half the camp total is due with your signed registration form in order to have your registration processed. Remaining camp balance payments are due before or upon check-in for each session. If registering with a personal check, balance must be paid in full. Credit Cards payments are only accepted on-line. Credit card and personal checks are not accepted @ check-in. For Team Camp, a deposit is \$45 per participant or \$500 per team. Applications must be complete in order to be processed. If no payment or registration is received before the camps specific cut off date, a \$100 late fee will be applied.

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 **\$75 non-refundable fee** (\$150 if cancelling within 2 weeks of camp start date) applied to EACH camper. Refunds will be sent within one week of camps 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 cards and personal checks are not accepted @ check-in. For more information call Amanda Rubio at (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 are 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 14 and under, unless parents sign the Supervision Waiver on this page. If you have questions or special needs, please call Amanda Rubio at (520) 818-8668 or e-mail davidrubiovolleyballcamp@gmail.com

MEDICAL RELEASE APPROVAL

Name of Camper _____ Male _____ Female _____
Past Health _____ Past Injuries _____
Present Medication _____ Allergies _____
Insurance Company _____ Policy # _____
Policy Holder Insurance _____
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 Volleyball Camp, Inc. nor 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 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 all 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 _____

SUPERVISION WAIVER

I hereby agree that my child, _____, does not require supervision during breaks from camp sessions. This means my child is solely responsible for her or himself for breakfast, lunch and dinner but NOT after the evening session.

Signature _____
Printed Name _____
Date _____
Camp(s) attending _____