

Team Camp Player Registration, Camp Policy & Medical Release Form

All team campers, parents and/or guardians must read this form, fill in the information, sign it and give it to the registering team coach to send in. Coaches only: Send all team member forms at ONE time to the camp address.

DEPOSITS

A deposit of \$45/team member or \$500/team is due to reserve the teams spot for camp. Remaining camp balance payments are due before or upon check-in for camp.

CANCELATIONS & REFUNDS

If you must cancel, please let us know immediately. It will allow us to have the opportunity to admit another team on the waiting list. There is a **\$45 non-refundable fee** applied to EACH camper up until the day before camp begins. No REFUNDS will be issued for individuals or teams that cancel within a week of the scheduled start date. 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 card payments are not accepted for team camp. Personal checks will no longer be accepted at check-in. Balances will be paid by cash or money orders only. For more information call Amanda Rubio 520-818-8668 or e-mail davidrubiovolleyballcamp@gmail.com

SUPERVISION & CONDUCT

All campers are expected to conduct themselves responsibly and follow all camp rules. Teams are expected to be on-time for all sessions. No alcohol, no smoking, no drugs. If campers are caught using or in possession of any of these, they will no longer be allowed to participate in camp. Always let your team coach know of any changes to your roster. The team chaperone attending with each team is in charge of supervision for all attending team members. Supervision will NOT be provided for by the David Rubio Volleyball camp between sessions. If you have questions or special needs, please email davidrubiovolleyballcamp@gmail.com

REGISTRATION INFORMATION

Name _____ High School _____ Club _____
Address _____ City _____ State _____
Zip _____ Cell # _____ Email _____
T-shirt size (adult sized t-shirts) S _____ M _____ L _____ XL _____

MEDICAL RELEASE APPROVAL

Name of Camper _____ Male _____ Female _____
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 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 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 certified athletic trainer 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# _____