

Registration Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Emergency Number: _____

School: _____ Grade: _____

E-mail: _____

T-Shirt Size: _____ Total Amount Enclosed: \$ _____

Release

I hereby authorize the staff to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby waive and release World Volleyball Consulting from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any medical problem or physical impairment that would affect the above named player to safely participate in the camp. I certify that the above named player is covered by a medical insurance policy in case of illness or injury.

**In order to seek appropriate medical care or treatment of player,
please disclose the following:**

Allergies: _____ Heart disease: _____

Any other conditions: _____

Insurance Co.: _____ Policy Number: _____

Parent or Guardian Signature: _____ Date: _____

World Volleyball Consulting
Summer 2009
Cy Fair High School

July 27th 2009

1:00 - 5:00 pm

Session I

July 28th 2009

1:00 - 5:00 pm

Session II

July 29th 2009

1:00 - 5:00 pm

Session III

July 30th 2009

1:00 - 5:00 pm

Session IV

Agenda to follow based upon needs of the program and coaches.