

# Johns Creek Volleyball

## Summer Camp 2010

For: All rising 5<sup>th</sup> – 9<sup>th</sup> graders

When: July 12 – 14: 8AM – 2PM

Where: Johns Creek High School

Cost: \$150 and includes a camp t-shirt.

Campers need to bring their lunch each day.

Instruction will be provided by Matchpoint Volleyball.

To reserve your spot fill out the form below and return it with a check made payable to Johns Creek High School Volleyball to:

Coach Beth Stephens  
5575 State Bridge Rd  
Johns Creek, GA 30022

Late Registration fee of \$25 applies after June 15, 2010.

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Campers Name \_\_\_\_\_ Grade next Fall: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Emergency Contact (if different than above): \_\_\_\_\_

T-shirt size (Adult):            S            M            L            XL

Medical Waiver: Attached \_\_\_\_\_ Will bring to camp \_\_\_\_\_



**MATCHPOINT**  
BETTER VOLLEYBALL

## Matchpoint Volleyball Medical Consent Form

PO Box 218415  
Columbus, OH 43221  
(614) 206-6140

### PARENT CONSENT AND WAIVER OF RESPONSIBILITY

PLEASE RETURN BY MAIL OR BRING WITH YOU TO REGISTRATION

**CAMP/CLINIC/PRIVATE LESSON:** \_\_\_\_\_

It is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by their signature hereto. It is agreed that parents and/or legal guardian agree to be financially responsible for any costs involved after the parent's/legal guardian's insurance has paid.

In consideration of the Matchpoint Volleyball Inc. acceptance of \_\_\_\_\_  
(Camper's Name)

as a participant for the camp for the period mentioned above: \_\_\_\_\_

I hereby certify the named camper is physically able to participate in the Matchpoint Volleyball Inc. Sports camp and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or refer to duly licensed medical personnel when indicated.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL INFORMATION

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical History (if pertinent):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies, present medications, special considerations:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY CONTACT NUMBER

Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_