

Waiver & Registration Form

I, _____ (please print name)
parent/guardian of the below named, hereby authorize the staff of Duquesne University to act for me according to their best judgment in any emergency requiring medical attention for the said camper. I hereby waive and release Duquesne University, its corporations, trustees, employees, students, and agents from any and all costs, liability, and expense for any personal injuries or illness in any way related to participation in the camp program.

I have no knowledge of any physical impairment that would be affected by the said camper's participation in the camp program. I also understand Duquesne University retains the right to use, for publicity and advertising purposes, photographs of campers participating in the camp program.

Signature _____ Date _____

Parent/Guardian for:

Camper's Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
E-mail Address _____
Emergency Contact _____
Emergency Phone _____
Age _____
Grade Fall 2008 _____
T-Shirt Size: S M L XL

Please check off which camp(s) you are registering for:

- Hitter Camp (July 13)
 Setter Camp (July 12)
 Skills Camp (July 13-16)
 Commuter
 Overnight
Roommate preference _____

Please complete and return the registration form, along with a \$60 non-refundable deposit, to:

Duquesne University Volleyball Camp
A.J. Palumbo Center
600 Forbes Avenue
Pittsburgh, PA 15282

Make checks payable to:
Steven Opperman

Additional camp information will be mailed after you have enrolled.

For more information, contact **412.396.5237**,
ulleryv@duq.edu or visit **www.goduquesne.com** and
click **VOLLEYBALL**.