

Utah Valley University Volleyball 2012 Skills Camp Application

Name: _____

Address: _____

Email: _____

Phone #: _____ School: _____

Birthday: _____ Grad Year: _____ Position: _____

T-Shirt Size: _____

Check one below:

_____ **Kids Clinic**
Cost: \$45 **Ages:** 4-12
Time: 10 am to 1 pm
Date: July 2-3 (Mon-Tue)

_____ ***Volleyball I/II (Beginning/Intermediate)**
Cost: \$180 **Ages:** 13 and older
Time: 9 am to 5:30 pm
Date: July 16-19 (Mon-Thurs)

_____ ***Volleyball III (Advanced)**
Cost: \$180 **Ages:** 14 and older
Time: 9 am – 5:30 pm
Date: July 23-26 (Mon-Thurs)

_____ **One Day Clinic \$40**

-MAKE CHECK PAYABLE TO "ATO A Volleyball"

Mail to: Coach Sam Atoa
Utah Valley Volleyball
800 W. University Parkway
Orem, UT 84058

I hereby authorize Sam Atoa and the Utah Valley Camp Staff to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release Utah Valley Volleyball Camp owners & employees from any and all liability stemming from any injuries or illness incurred while at camp. I agree to be responsible for all hospital and doctor bills and any other expenses incurred while assisting and protecting my son or daughter.

Health Insurance Company _____

Policy # _____

Emergency contact name and phone # _____

Signature of parent or legal guardian _____

*Camp is open to any and all participants within the age restrictions.