

# Black & Gold Volleyball Camps

# 2012 APPLICATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

*(confirmation email & information will be sent here)*

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent(s)/Guardian Name(s): \_\_\_\_\_

Parent's work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Grade Fall of 2012: \_\_\_\_\_ Number Yrs Playing High School \_\_\_\_\_ Number Yrs Playing Club \_\_\_\_\_

School Name: \_\_\_\_\_ School Coach: \_\_\_\_\_

Club Team: \_\_\_\_\_ Club Coach: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_ *Roommates cannot be guaranteed.*

PLEASE MARK CHOICE(S)		<i>*Deposits for Team &amp; All Skill Camps non-refundable after June 1, 2012*</i>	
<input type="radio"/>	<b>TEAM SKILLS CAMP</b> (\$100 deposit due with application) <b>Team:</b>	<input type="radio"/> \$300 Resident	<input type="radio"/> \$235 Commuter
			<b>JULY 10-13<sup>th</sup></b>
<input type="radio"/>	<b>TEAM COMPETITION CAMP</b> (\$100 deposit due with application) <b>Team:</b>	<input type="radio"/> \$260 Resident	<input type="radio"/> \$200 Commuter
		<input type="radio"/> \$30 Early Overnight Fee (July 13 <sup>th</sup> )	<b>JULY 14-16<sup>th</sup></b>
<input type="radio"/>	<b>ALL SKILLS CAMP</b> (\$100 deposit due with application) <b>T-Shirt Size (Adult):</b> _____	<input type="radio"/> \$390 Resident	<input type="radio"/> \$300 Commuter
		<input type="radio"/> \$50 Airport Shuttle	<input type="radio"/> \$30 Extra Night Fee (July 20 <sup>th</sup> )
			<b>JULY 17-20<sup>th</sup></b>
<input type="radio"/>	<b>YOUTH DAY CAMP</b> \$135 <b>T-Shirt Size: (Youth)</b> _____ <b>(Adult)</b> _____		<b>JULY 20-21<sup>st</sup></b>
<input type="radio"/>	<b>SETTER DAY CAMP</b> \$100	<input type="radio"/>	<b>ATTACKING DAY CAMP</b> \$100
		<b>T-Shirt Size (Adult):</b> _____	<b>JULY 21<sup>st</sup></b>

**MEDICAL RELEASE:**

All campers must have their own medical coverage. **Camper will not be allowed to participate unless the following information is submitted and a medical form is on file with Camp Directors.**

**Camper's Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

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

I/We, the undersigned, hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the camper. I hereby give permission for the staff of Black & Gold Volleyball Camps to seek during the period of the Camp appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I (we) will be responsible for any and all costs of medical attention and treatment.

**WAIVER STATEMENTS**

I/We, hereby acknowledge and understand that the Black & Gold Volleyball Camps is a privately run sports camp by Kahl Holmes, LLC. and is not operated by or through Wake Forest University. The camp is neither sponsored, controlled, or supervised by Wake Forest University but rather is under the sponsorship, control, and supervision of the Camp Director, Heather Kahl Holmes. I/We, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Wake Forest University and Black & Gold Volleyball Camps and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that ay be sustained or occur during participation in Camp activities or while at Camp. **In addition, as Parent(s)/Guardian(s), I (we) agree to the terms of registration and payment as stated in this application, and fully understand that any deposits or payments are non-refundable for any reason after June 1, 2012.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED: \$** \_\_\_\_\_  
*Returned checks due to insufficient funds will be charged an additional \$30 fee.*

FOR CAMP STAFF USE ONLY  
 Last Name  
 First Initial  
 Date Received  
 Amount Received  
 Balance Due  
 Bank Name  
 Check #