

Please return registration form and cash or check payment to:

Floyd Deaton Volleyball Camp 2008
Xavier Volleyball
3800 Victory Parkway
Cincinnati, OH 45207-7530

Camp Phone: (513) 745-3413
E-mail: maas@xavier.edu

Intermediate Skills Day Camp

Open to girls entering grades 4-12

Fee: \$115 per camper

() July 8-10, 9 a.m.-Noon

Setter/Hitter Camp

Open to girls entering grades 9-12

Fee: \$125 per camper

() July 8-10, 1:00 p.m.- 4:00 p.m.

Registration Information

Name: _____ Age: _____ Entering Grade: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

School: _____ Coach: _____

School Address: _____ City, State, Zip: _____

Physician's Name & Phone: _____ Dentist's Name & Phone: _____

Parent or Legal Guardian: _____ Best Contact Phone # : _____

Position(s): _____ **Please indicate what adult size shirt you will need:**

_____ S _____ M _____ L _____ XL

Parental Permission Indemnifying Release

In consideration of the Floyd Deaton Volleyball Camp allowing my minor child to play volleyball in said camp, I/we, the undersigned parents, or legal guardians of _____, a minor, do hereby agree as follows:

1. I/we grant permission for said minor child to participate in any and all of said camp activities.
2. I/we grant to said camp, the camp director any and all of its coaches, agents and employees or representatives permission to supervise, in a reasonable manner, our minor child in her participation in any and all camp activities.
3. I/we hereby release and forever discharge said camp, camp director, Xavier University, the Society of Jesuits, any and all coaches, agents, employees or representatives of said organizations, individually as a group or entity, from any and all claims, demands, damages, actions, causes of actions or suit, or whatever kind and nature may arise out of minor child at said camp.
4. I/we further agree to protect the afore said individuals, groups, and/or entities against any claims, demands, damages, actions, causes of action or suits whatever kind and nature which may arise out of participation of my minor child in said camp and to reimburse any loss or damage the afore mentioned individuals, groups, or entities may have to pay, if any litigation arises out of the participation of my child in said camp.
5. I/we further state that to the best of my/our knowledge my/our child is physically fit and able to play volleyball I/we agree to furnish a doctor's statement to that effect if requested by the camp director. It is understood that the camp does not take responsibility for the physical fitness of players and that as players and/or guardians, we have the responsibility for the physical condition of our minor child.
6. I/we further certify that we have health and hospitalization insurance under which said child is insured. I/we further grant the camp director to have my/our child treated by a physician in the event of illness or injury and I/we cannot be immediately contacted.

Camper's Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Medical Information

Medical Insurance: _____ Policy Number: _____

Medical Insurance Address: _____ Phone: _____

Medical History, if pertinent: _____

Allergies, present medications, special considerations: _____

Emergency Medical Contact

Name: _____ Home # _____ Work # _____ Cell # _____