

# ROCKET VOLLEYBALL CAMP ENROLLMENT FORM

## SESSION/CLINIC SCHEDULES

## CAMPER HEALTH FORM

**PLEASE PRINT**

CAMPER NAME: LAST FIRST

AGE GRADE (FALL 2009)

ADDRESS

CITY STATE ZIP

PARENT/GUARDIAN NAME

PARENT/GUARDIAN PHONE

PARENT/GUARDIAN E-MAIL

**INSURANCE AND MEDICAL CARE:** Each camper must be covered by his parent's insurance before participating in any of the camp activities.

**WAIVER AND RELEASE:** I do hereby waive, release and discharge the ROCKET VOLLEYBALL CAMP, University of Toledo and respective staffs and employees from any and all rights and claims for damages resulting from injuries to my person or property that may be sustained or suffered by me in connection with my association with, participation in, or arising out of traveling to or from the ROCKET VOLLEYBALL CAMP. We, the parents or guardians, agree to the above's participation in this program including emergency and referral services, if necessary. I have read and hereby accept the conditions described in this flyer.

PARENT/GUARDIAN NAME

SIGNATURE

PHONE: DAY NIGHT

EMERGENCY CONTACT

PHONE: EMERGENCY

**For more information, call 419-530-7256 or email rocketvbcamp@utoledo.edu.**

**PLEASE INDICATE WHICH SESSION(S) YOU WOULD LIKE TO ATTEND:**

**SESSION I: Intro to Skills Camp  
July 19-22, 2010**

- Grades: 3-5
- Time: 9 a.m.-Noon
- Cost: \$120.00

**SESSION II: Skill Development Camp  
July 19-22, 2010**

- Grades: 6-8
- Time: 1:30-4:30 p.m.
- Cost: \$120.00

**SESSION III: Advanced Skill Development Camp  
July 19-22, 2010**

- Grades: 9-12
- Time: 6:00-9:00 p.m.
- Cost: \$120.00

**Setters Clinic  
July 25-27, 2010**

- Grades: 9-12
- Time: 9:00 a.m.-Noon
- Cost: \$100.00

**Hitters Clinic  
July 25-27, 2010**

- Grades: 9-12
- Time: 1:30-4:30 p.m.
- Cost: \$100.00

**Defense/Libero Clinic  
July 25-27, 2010**

- Grades: 9-12
- Time: 6:00-9:00 p.m.
- Cost: \$100.00

**NOTE:** Cost is per camper. Payment must be made in full when returning enrollment form. Please make checks payable to Rocket Volleyball Camp.

Send check, medical release and enrollment form to:  
Rocket Volleyball Camps  
Univ. of Toledo Volleyball  
2801 W. Bancroft St., MS 302  
Toledo, OH 43606

To be completed and signed by camper's parents or legal guardian.

Please check all that apply.

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> ASTHMA             | <input type="checkbox"/> HEAD INJURY |
| <input type="checkbox"/> BLEEDING DISORDERS | <input type="checkbox"/> CONCUSSIONS |
| <input type="checkbox"/> CONVULSIONS        | <input type="checkbox"/> SEIZURES    |
| <input type="checkbox"/> HEART DISEASE      | <input type="checkbox"/> DIABETES    |

ALLERGIES TO MEDICATIONS

ALLERGIES TO FOODS

LAST TETANUS IMMUNIZATION (DATE)

CHRONIC OR RECURRING ILLNESSES

OPERATIONS/INJURIES (INCLUDE DATE)

PHYSICAL RESTRICTIONS

PHONE #: PHYSICIAN DENTIST

MEDICAL INSURANCE

POLICY NUMBER

A certified athletic trainer from the University of Toledo will be present to provide medical assistance as need at every session of the Rocket Volleyball Camp. If you would like discuss any special needs or circumstances, please let us know at registration.