

Camp Registration, Camp Policy & Medical Release Form for MAIL-IN REGISTRANTS

All campers, parents and/or guardians must read this form, fill in the information, sign and submit it to complete the registration process. Please fax it to: 520-621-0393, or mail it to the camp address, or e-mail it to davidrubiovolleyballcamp@gmail.com

PLEASE PRINT:

Camper Name: _____ Male ___ Female ___ DOB _____

Address: _____ City _____ State _____ ZIP _____

Parent's Cell Phone _____ Parent's E-mail _____

Grade _____ School _____

Position Played _____ T-Shirt Size (adult sizes) _____

Have you played Club Volleyball? Where? _____

Roommate Request _____

* Please be aware changes are difficult to make, if not impossible. Please choose carefully, and have both campers choose the corresponding campers. Two campers per dorm.

Flight Information if you need transportation _____

* Please e-mail an itinerary to davidrubiovolleyballcamp@gmail.com as well.

CAMP YOU ARE REGISTERING FOR:

_____ Mini Camp May 29th- May 31st, 2018 \$180

_____ Serve & Pass Clinic May 29th- May 31st, 2018 \$130

_____ Intermediate Camp July 6th-8th, 2018

_____ Resident in dorm \$425 _____ Commuting home, \$300

_____ Position Camp July 9th-11th, 2018

_____ Resident in dorm \$425 _____ Commuting home \$300

_____ Elite Camp July 16th-18th, 2018

_____ Resident in dorm, \$425 _____ Commuting home, \$300

DISCOUNTS:

Due to NCAA and AIA regulations, David Rubio Volleyball Camp, Inc. does not offer scholarships or reduced tuition to recruitable athletes. DRVBC does offer a sibling discount of 10% for the younger camper, both campers must be registered at the same time; as NO adjustments will be made after the initial registrations are completed. If your camper registers for two camps, team camp excluded, a 10% discount from the second camp fee will be offered only at the time of registration, but both camp registrations must be made at the same time, as NO adjustments will be made after the initial registration is complete. It is a huge hassle on this end.

DEPOSITS:

A deposit of one-half the camp total is due with your signed registration form in order to have your registration processed. Remaining camp balance payments are due before or upon check-in for each session. If registering with a personal check, balance must be paid in cash at check-in. Credit card payments are ONLY accepted on-line. Credit cards and personal checks are not accepted at check-in. Applications must be complete in order to be processed.

CANCELATIONS & REFUNDS:

If you must cancel, please let us know immediately. It will allow us the opportunity to admit someone on the waiting list. There is a \$75 NON-REFUNDABLE fee applied to EACH camper. Refunds will be sent within one week of that camps completion. Please understand that the cancelation fee is non-negotiable as these registration fees are spent on facilities, insurance, supplies, securing coaches, etc.

PAYMENTS:

Make all checks payable to David Rubio Volleyball Camp.

Mail payments to CAMP ADDRESS:

David Rubio Volleyball Camp, 1 National Championship Dr., McKale Center Room 211,
Tucson, AZ 85721

Credit Cards payments are only accepted during online registration.

For more information call/text (520) 818-8668 or e-mail to
davidrubiovolleyballcamp@gmail.com

SUPERVISION & CONDUCT:

All campers are expected to conduct themselves responsibly and follow all camp rules. Campers are expected to be on-time for all sessions. No alcohol, no smoking, no drugs. If you are caught using, or are in possession of any of these, you will be sent home immediately; without refund. Always let your coaches know where you are. Supervision will be provided for ALL campers. If you have questions or special needs, please call (520) 818-8668 or e-mail davidrubiovolleyballcamp@gmail.com

MEDICAL RELEASE APPROVAL:

Name of Camper _____

Past Health _____

Past Injuries _____

Present Medication _____

Allergies _____

Insurance Company _____ Policy # _____

Policy Holder _____

Insurance Company Address _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the David Rubio Volleyball Camp, Inc. I hereby agree and promise that I will not hold David Rubio Volleyball Camp, Inc. nor its employees responsible for any loss, damages, or personal injury received as a result of participation. I hereby authorize the directors of the David Rubio Volleyball Camp to act for my child, according to their best judgment, in an emergency requiring medical attention. I agree to allow my child to be treated by a first aid provider or licensed physician (if necessary) and agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Student Health Service or University Medical Center. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim. This camp is not an official function of The University of Arizona.

Parent/Guardian Signature _____

Printed _____

Date _____