

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 I— May 31- June 2, 2016, \$180

_____ Serve & Pass Clinic June 15- 17, 2016 \$180

_____ Intermediate Camp — July 8-10, 2016

_____ Resident in dorm, \$400

_____ Commuting home, \$300

_____ Position Camp— July 11-14, 2016

_____ Resident in dorm, \$510

_____ Commuting home, \$410

__ XXX__ Team Camp— July 15-17, 2016 (All registrations must come together; with the high school team from the coach.)

_____ Advanced Camp — July 18-20, 2016

_____ Resident in dorm, \$400

_____ 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.

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. For Team Camp, a NON-REFUNDABLE deposit of \$45 per participant or \$500 per team is due upon registration. Applications must be complete in order to be processed.

CANCELATIONS & REFUNDS: If you must cancel, please let us know immediately. It will allow us to have 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 camp's completion. Please understand that the cancellation 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 14 and under; 15 and older are the only campers eligible for a supervision waiver, and they must have a signed supervision waiver on file. 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 _____