

Team Camp Player Registration Form

Description:

High school girls and boys TEAMS. Capacity: 48 teams (minimum 8 players per team). Spaces are available on a first come first serve basis until the camp is filled. The team camp is designed to give high school teams the opportunity to practice together in a collegiate atmosphere. The practices will include advanced offensive and defensive systems that will raise the overall level of the team. Team system work and tournament play will be provided each day. Teams have the option of attending the team camp with or without a camp coach provided. If the team attends with a coach, the fee is \$110 per player. If the team opts for a camp coach to be assigned to them, the fee is \$140 per player. Two sessions per day. 1st— Individual Skill Training 2nd— Team Tournament Play

Dates/ Times: 7/14 2pm-9pm, 7/15 9am-4:30pm, 7/16 9am-4pm

Deposits:

A deposit of \$50 per player/ or \$500 is due to reserve the spot on the team for team camp. Remaining camp balance payments are due before or upon check-in for camp. If you are sending in a personal check with your campers registration, please make sure it is clearly marked with the campers name.

Cancelations & Refunds:

If you must cancel, please contact your high school coach immediately. It will allow them the opportunity to admit another player. There is a non-negotiable, non-refundable, \$50 fee applied to each camper, once the reservation is made for your spot. No refunds will be issued for teams that cancel within a week of the scheduled start date.

Payments:

Make all checks payable to **David Rubio Volleyball Camp**, please mail to the camp address:
David Rubio Volleyball Camp
1 National Championship Drive, Rm #211
Tucson, AZ 85721

Credit Cards are NOT accepted for team camp. Personal checks are not accepted at check-in. Balances must be paid with cash or money order. For more information call Amanda Rubio at 520-818-8668 or e-mail davidrubiovolleyballcamp@gmail.com

Supervision & Conduct:

All campers are expected to conduct themselves responsibly and follow all camp rules. Teams are expected to be on-time for all sessions. No alcohol, no smoking, no drugs. If campers are caught using or in possession of any of these, they will no longer be allowed to participate in camp. Always let your team coach know of any changes to your roster. The team chaperone attending with each team is in charge of supervision for all attending team members. Supervision will NOT be provided for by the David Rubio Volleyball camp between sessions. If you have questions or special requests, please email davidrubiovolleyballcamp@gmail.com

Registration Information:

Name _____ High School _____

Club _____ Address _____

Parents E-mail _____ Parents Phone _____

T-shirt Size (adult sizes) _____

MEDICAL RELEASE APPROVAL

Name of Camper _____

Male / Female (circle one)

Past Health _____ Past Injuries _____

Present Medication _____ Allergies _____

Insurance Company _____

Policy # _____ Policy Holder _____

Insurance Company Address _____

I verify that my child has been examined by a licensed physician and is physically able to participate in the David Rubio Volleyball Camp. I hereby agree and promise that I will not hold David Rubio Volleyball Camp or 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's 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 certified athletic trainer or licensed physician (if necessary) and to assume 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 or Guardian Signature _____

Print Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home# _____ Cell# _____