David Rubio Volleyball Camp Mail-In Registration Form & Medical Release

All campers, parents and/or guardians must read, complete and sign this form to complete the registration process. Upon completion, please fax it to: 520-626-7018 or you can send it in to the camp address.

DEPOSITS

A deposit of one-half the camp total must be received 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.

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** ($150 if cancelling within 2 weeks of camp start date) applied to EACH camper. Refunds will be sent within one week of camp completion.

PAYMENTS

Make all checks payable to David Rubio Volleyball Camp
Send 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 on-line. Credit card payments are not accepted @ check-in
- If paying by personal check, please pay in full upon registration. Personal checks will no longer be accepted at check-in.

For more information call (520) 621-2908 or e-mail anapier@arizona.edu

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 in possession of any of these, you will be sent home immediately. Always let your coaches know where you are. Supervision will be provided for ALL campers in the Intermediate Camp 24 hours a day unless parents sign the Supervision Waiver on this page. Supervision will NOT be provided for during any of the other camps during breakfast, lunch or dinner - but will be provided for all residents after the evening session. If you have questions or special needs, please email anapier@arizona.edu

CAMP INFORMATION

Camp Attending (circle one) • Intermdiate Camp Positional Camp Advanced Camp
Status (circle one) • Resident (housing & meals) Commuter (no housing, no meals)
Commuter (meal card option)

REGISTRATION INFORMATION

Name_____High School_____Club_____
Address_____City_____ST_____Zip_____
Cell Phone ( )_____Email Address_____
T-Shirt (adult sizes – please check one) S_____M_____L_____XL_____ Position:S_____MB_____OH_____L_____?_____
Age____ Roommate Request_____How did you hear about camp?_____
Name on check_____Check #_____If out of state, flight #_____Arrival Time_____

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 checked 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's 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 _____ Zip _____
City _____ State _____ Home ( ) _____ Cell ( ) _____

SUPERVISION WAIVER: I hereby agree that my child, _____, does not require supervision during breaks from camp sessions. This means my child is solely responsible for her or himself for breakfast, lunch and dinner but NOT after the evening session.

Parent or Guardian Signature _____ Date _____
Printed Name _____
Camp(s) attending _____