

PLEASE PRINT:

Participant Name: _____

School: _____

Grade: _____ Phone: _____

Address: _____

Parent Email: _____ Parent Cell: _____

Student Email: _____ Student Cell: _____

Adult T-Shirt Size (circle one): XS S M L XL
(if youth size is needed, please specify youth here & circle the size above: _____

2010 Volleyball Club (if played): _____

2010 USAVB Membership Number (if played club): _____

If your child did not participate in the 2010 volleyball club season, a guardian must show up on the first day of camp to sign a USAVB membership form for insurance purposes.

Circle session attending: Session I Session II

Session I: REGISTRATION DEADLINE: WEDNESDAY, JULY 14

Session II: REGISTRATION DEADLINE: WEDNESDAY, JULY 21

TO REGISTER, ALL PARTICIPANTS MUST HAVE THE FOLLOWING

- A completed registration form and guardian consent form.
- A check, money order or cash made payable to:
CHS Volleyball Booster Club
- To register, please mail the above to: Kolette Hysong
2822 E. Cholla Street
Phoenix, AZ 85028

REFUNDS:

- Full refund if camp is cancelled due to lack of enrollment.
- No refunds after the first day of camp
- No partial refunds for athletes not completing camp
- No refunds for participants removed from camp for disciplinary action.

TRANSPORTATION & PARKING:

Parents/Guardians will be responsible for their participant's transportation to and from camp.

GENERAL:

There shall be no loitering in hallways, on the campus, or in the cars in the parking lot. Smoking or possession of tobacco products by students or adults is not permitted on school property or within 500 feet of the campus.

Guardian Consent in the Event of Injury

The following information is furnished so that my daughter may receive proper care in the event of an injury.

Guardian/Parent: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Family Physician: _____

Address: _____ Phone: _____

Family Dentist: _____

Address: _____ Phone: _____

Emergency Contact (if guardian/parent listed above can not be reached)

Name: _____

Home Phone: _____ Cell: _____ Work: _____

Please note: There will not be a nurse onsite for camp and medications will not be administered.

I realize that my daughter must be covered by our family accident/health insurance coverage for all treatment expenses.

I/we give permission for the above named participant to take part in organized activities, realizing that such activity involves the potential for injury which is inherent in all sports.

Guardian/Parent Signature: _____ Date: _____

Participant Signature: _____ Date: _____



Coaching Staff Experience

Kolette Hysong: 13 years at Arizona Juniors VBC with 8 years of high school experience at Shadow Mountain, Saint Mary's, and Chaparral High Schools.

Barry Hayes: 16 years with the Arizona Juniors VBC and 17 years at Moon Valley, Saint Mary's, Mountain Ridge, and Chaparral High Schools.