

# SANTA BARBARA VOLLEYBALL CLUB

## SUMMER CAMP 2010 APPLICATION

SESSION I – August 2 – 5 (\$200)

SESSION II - August 16 - 19 (\$200)

Sign up for both  
camps and pay  
only \$375

**Participant's Name:** \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**T-Shirt Size:** *YOUTH:*  Small  Medium  Large *ADULT:*  Small  Medium  Large

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Insurance Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please list any ailments we should be aware of: \_\_\_\_\_

\_\_\_\_\_

### **TO BE SIGNED BY PARENT OR GUARDIAN**

By signing below, I authorize the participant named above to participate in the Santa Barbara Volleyball Club Summer Camp program. I further hold Santa Barbara Volleyball Club, any of its staff, coaches, officials, players, volunteers, spouses, and their heirs, harmless from any accidental injury that may occur while the participant is participating in this program.

I authorize any emergency medical treatment by trained personnel (including hospital treatment) for the participant named above, in the event serious injury should occur during her/his participation in this program provided by the Santa Barbara Volleyball Club.

**PARENT/GUARDIAN:** \_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)



**Mail with check to: SBVC, PO Box 30772, Santa Barbara, CA 93130**

Paid online