



2010-2011 Sportslife Juniors
Summer Camp Application

Player Name:
Date of Birth:
Address:
City: State: Zip Code:
Home Phone:
Player e-mail:
School (Fall 2010): Grade (Fall 2010): 8th Graders Only

Volleyball Experience (circle): 7A B go; 8A B go; 9A B; JV; Varsity; YMCA; CYO; None

Years of Volleyball Experience:

Name of Previous Volleyball club teams (if any):

- 1. Year(s) 2009-10 Position:
2. Year(s) 2008-09 Position:

Positions Played (circle all that apply):

Middle Blocker Left / Right Hitter Setter DS / Libero Not Specialized

Height: Weight: Left or Right Handed

Are you interested in trying out for the Sportslife Juniors 2010-11 season? Yes No Maybe

Summer Camp T-Shirt (Adult): YL S M L XL 2XL (choose size if ordered by May 31)

Summer camp players must wear their camp T-shirt to participate in the program.

Setter's Camp (Sunday's; 3:00pm-4:15pm) 3 sessions: June 6 - 13 - 27

Hitter's Camp (Sunday's; 4:15pm-5:30pm) 3 sessions: June 6 - 13 - 27

Backrow Camp (Sunday's; 5:30pm-6:45pm) 3 sessions: June 6 - 13 - 27

Summer Camp Fee: Pick (circle) 1 camp for \$40 / 2 camps for \$60 or all 3 for \$80

Cash Check Payable to "CBC" (write sportslife juniors in memo)

Parent or Guardian Information (must complete):

Name (#1):

Cell Number: ()

E-mail address:

Name (#2):

Cell Number: ()

E-mail address:

ASSUMPTION OF RISK/RELEASE FROM LIABILITY

I, the undersigned, as the parent or legal guardian of a minor child, do hereby give my consent for afore named child, to participate in the Sportslife Juniors Summer Camps held at Community Bible Church (CBC). I am fully aware that the sports programs may present a risk of injury. I am fully aware and appreciate the risks and damages that might occur as a result of my child's participation in the program. Nonetheless, I, on my own behalf and that of my child, and our heirs, administrators and executors, do hereby release, indemnify and agree to hold harmless Sportslife Juniors (Community Bible Church) and all persons or entities associated with Sportslife Juniors (Community Bible Church) from any responsibility or liability for any and all claims, demands, damages, costs, causes of action, and expenses (including without limitation, reasonable attorney fees) arising out of or resulting from my child's participation in or involvement with the sports programs, including without limitation any personal injury, disability or property damages incurred or sustained by me or my child during or as a result of the Sportslife Juniors / Community Bible Church sports program. In the event of a serious medical emergency, I hereby consent to and authorize treatment for my child by medical personnel until I can be contacted. I hereby verify that I fully understand and accept the preceding conditions for permitting my child to participate in this sports program.

Signed (Parent/Guardian): Date:

Medical Insurance Co. Policy #: