

# Scottsdale Prep Spartans

## 2018 Volleyball Camp

Camp is for incoming SPA/Archway 2018 5<sup>th</sup> through 12<sup>th</sup> graders

*Skills & Competition Camp (Cost \$125 per player)*

Middle School 5<sup>th</sup> through 8<sup>th</sup>

**July 23<sup>rd</sup> - 26th**

**9:00AM - 12:00PM**

High School 9<sup>th</sup> through 12<sup>th</sup>

**July 23<sup>rd</sup> - 26th**

**5:00PM - 8:00PM**

Location:

Scottsdale Prep Gymnasium 16537 N. 92th Street, Scottsdale, AZ 85260

**2018 Volleyball Camp Registration Information, Medical Consent, & Release  
(To Register: Complete and Sign Form Below and Submit with Payment to  
Scottsdale Prep Athletic Department)**

For questions please contact Coach Chen dan.yb.chen@gmail.com

Camper's Name \_\_\_\_\_ Grade (Fall '18) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_  
Parents' Names \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
\_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
Email(s): \_\_\_\_\_

Please circle T-Shirt Size: YM YL SMALL MEDIUM LARGE

**CAMP PAYMENT INFORMATION:**

PAYMENT: \$125 CASH CHECK # \_\_\_\_\_ (Submit payment to: Scottsdale Prep Academy, 16537 North 92th St, Scottsdale, AZ 85260)

**WAIVER AND MEDICAL CONSENT:**

INSURANCE COMPANY: \_\_\_\_\_

NAME OF POLICY HOLDER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

*\*Please notify us of any health or medical concerns regarding your child and attach with this registration*

**PLEASE READ CAREFULLY:**

**WAIVER AND CONSENT** – BY SIGNATURE BELOW, I UNDERSTAND THAT SCOTTSDALE PREP VOLLEYBALL CAMP (SPVBC) DOES NOT PROVIDE ACCIDENT OR HEALTH INSURANCE COVERAGE FOR PARTICIPANTS AND THAT IT IS MY RESPONSIBILITY TO PROVIDE COVERAGE.

I ALSO UNDERSTAND THAT PARTICIPATION IN THIS TYPE OF ACTIVITY MAY EXPOSE PARTICIPANTS TO SITUATIONS IN WHICH ACCIDENTS MAY OCCUR. PARTICIPANTS WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF INJURY. THEREFORE, I HEREBY AUTHORIZE THE DIRECTORS OF SPVBC TO ACT FOR ME IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION. I AGREE TO ALLOW MY CHILD TO BE TREATED BY A LICENSED PHYSICIAN WHILE ATTENDING SPVBC AND TO ASSUME ALL COSTS RELATED TO SUCH TREATMENT. IN ADDITION, BY SIGNING THIS WAIVER AND CONSENT FORM I ASSUME RESPONSIBILITY FOR SUCH RISK AND WAIVE AND RELEASE ANY AND ALL RIGHTS, CLAIMS, AND LIABILITY FOR PERSONAL INJURY OR LOSS OF PERSONAL PROPERTY I HAVE AGAINST SPVBC, EMPOWERED COACHING AND/OR ITS COACHES AND REPRESENTATIVES.

PARENT OR GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_