

Scottsdale Prep Spartans

2019 Volleyball Camp

Camp is for incoming SPA 2019 5th through 12th graders

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

Middle School 5th through 8th

July 29th– August 1st

9:00AM – 12:00PM

High School 9th through 12th

July 29th – August 1st

5:00PM – 8:00PM

Location:

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

**2019 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 '19) _____
Date of Birth _____ Age _____ Height _____
Parents' Names _____ Phone (Cell): _____
_____ Phone (Cell): _____
Email(s): _____

Please circle T-Shirt Size: 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 _____

