

# Scottsdale Prep Spartans

## 2020 Volleyball Camp

Camp is for incoming SPA 2020 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 20th– July 23rd**

**9:00AM – 12:00PM**

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

**July 20th– July 23rd**

**5:00PM – 8:00PM**

Location:

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

**2020 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](mailto:dan.yb.chen@gmail.com)

Camper's Name \_\_\_\_\_ Grade (Fall '20) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Parents' Names \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_

Email(s): \_\_\_\_\_

Please circle T-Shirt Size \*Register early for guarantee delivery by camp\* : YL SMALL MEDIUM LARGE

**CAMP PAYMENT INFORMATION:**

PAYMENT: \$125 CASH (can be submitted at an Open Gym night) or

CHECK # \_\_\_\_\_ (Submit payment to: Dan Chen, 6001 E Horseshoe Rd, Paradise Valley, AZ 85253)

**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 \_\_\_\_\_

