

2017 EMPIRE VOLLEYBALL CAMP REGISTRATION FORM



To register for the Empire Volleyball camps, you must:

- Complete application fully. Incomplete forms are not processed.
- Enclose the total tuition payment in addition to medical release form.
- Complete and turn in by May 26, 2017 (only first 48 registrations will be accepted due to limited space)

PLEASE VISIT EHS.VAIL.K12.AZ.US (VOLLEYBALL PAGE) FOR MORE INFORMATION INCLUDING DATES AND TIMES

1. Camper Information (please print clearly)

Name _____
Address _____ City _____ Zip Code _____
Phone (____) _____ Email Address _____
Birthdate ____/____/____
Dominant Hand: Right Left Height: ____ft. ____in. Position (Select Only One): Setter Middle Blocker Outside Hitter Libero/DS

2. School Information (Fall 2017)

(Grades 5th through 8th grade for 2014 school yr. only please)

School _____
Grade (Fall) ____
Experience (# years) Middle School ____ Club ____
Other Volleyball experience

3. Camp T-Shirt Size

YOUTH SIZES: Small Medium Large X-Large
ADULT SIZES: Small Medium Large X-Large

4. Required Emergency Contact Information

Parent/Guardian _____ Work Phone (____) _____ Cell Phone (____) _____
 Medical Release Form is submitted with application (AVAILABLE ONLINE AT THE EHS VOLLEYBALL WEBSITE)
If not submitted, please bring to check - in. Campers will not be allowed to participate unless an original signed medical release form is on file with camp staff!
Emergency Contact Name _____ Daytime Phone (____) _____
Cell Phone (____) _____
Signature of Parent or Legal Guardian _____ Date _____

5. Payment (Full Tuition must be received to reserve a spot in camp)

Cash Check* Money Order* *make payable to Empire Volleyball Amount Enclosed is \$ _____

RETURN REGISTRATION FORM AND ALL PAYMENTS TO EMPIRE HIGH SCHOOL

Empire Volleyball Camp • Empire High School • 10701 E Mary Ann Cleveland Way • Tucson, Arizona 85747

REFUNDS (less an administrative fee of \$20) will only be issued if requested at least one week prior to the camp session start; there are no refunds once the session begins

FOR OFFICE USE ONLY | Date Received ____/____/____ Med Release | Payment Type: _____ Payment \$

