

LIONS VOLLEYBALL CAMP 2018

SELECT DAY CAMP SESSION(S) AND AGE GROUP:

| | | | |
|---------------------------|------------|----------------|---------------------------------------|
| Session I: July 23-26 | 8:30-2:30 | 5th-8th grade | \$415 Early Bird/\$449 after April 14 |
| | 10:30-4:30 | 9th-12th grade | \$415 Early Bird/\$449 after April 14 |
| Session II: July 30-Aug 2 | 8:30-2:30 | 5th-8th grade | \$415 Early Bird/\$449 after April 14 |
| | 10:30-4:30 | 9th-12th grade | \$415 Early Bird/\$449 after April 14 |
| Session III: August 6-9 | 8:30-2:30 | 5th-12th grade | \$415 Early Bird/\$449 after April 14 |
| | 10:30-4:30 | 9th-12th grade | \$415 Early Bird/\$449 after April 14 |

CAMPER INFORMATION

CAMPER: LAST NAME _____ FIRST NAME _____
CAMPER CELL: _____ CAMPER EMAIL: _____
BIRTH DATE: _____ AGE _____
GRADE (SEPTEMBER 2018): _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

PARENT INFORMATION

LAST NAME _____ FIRST NAME _____
CELL: _____ HOME PHONE: _____
WORK PHONE: _____ PARENT EMAIL: _____
EMERGENCY CONTACT: LAST NAME _____ FIRST NAME _____
RELATIONSHIP TO CAMPER: _____ PHONE: _____
PERMISSION TO LEAVE CAMP UNATTENDED: YES NO

*IF NO, MY CHILD MAY ONLY LEAVE WITH ONE OF FOLLOWING GUARDIANS LISTED BELOW.
PHOTO ID MAY BE REQUESTED*

1. NAME: LAST, FIRST _____ PHONE: _____
2. NAME: LAST, FIRST _____ PHONE: _____
3. NAME: LAST, FIRST _____ PHONE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Mail Registration Form and Payment (Check Made Payable to **LIONS VOLLEYBALL CAMP**) to:
Columbia Volleyball
Dodge Physical Fitness Center
3030 Broadway, MC1936
New York, NY 10027

LIONS VOLLEYBALL CAMP

2018

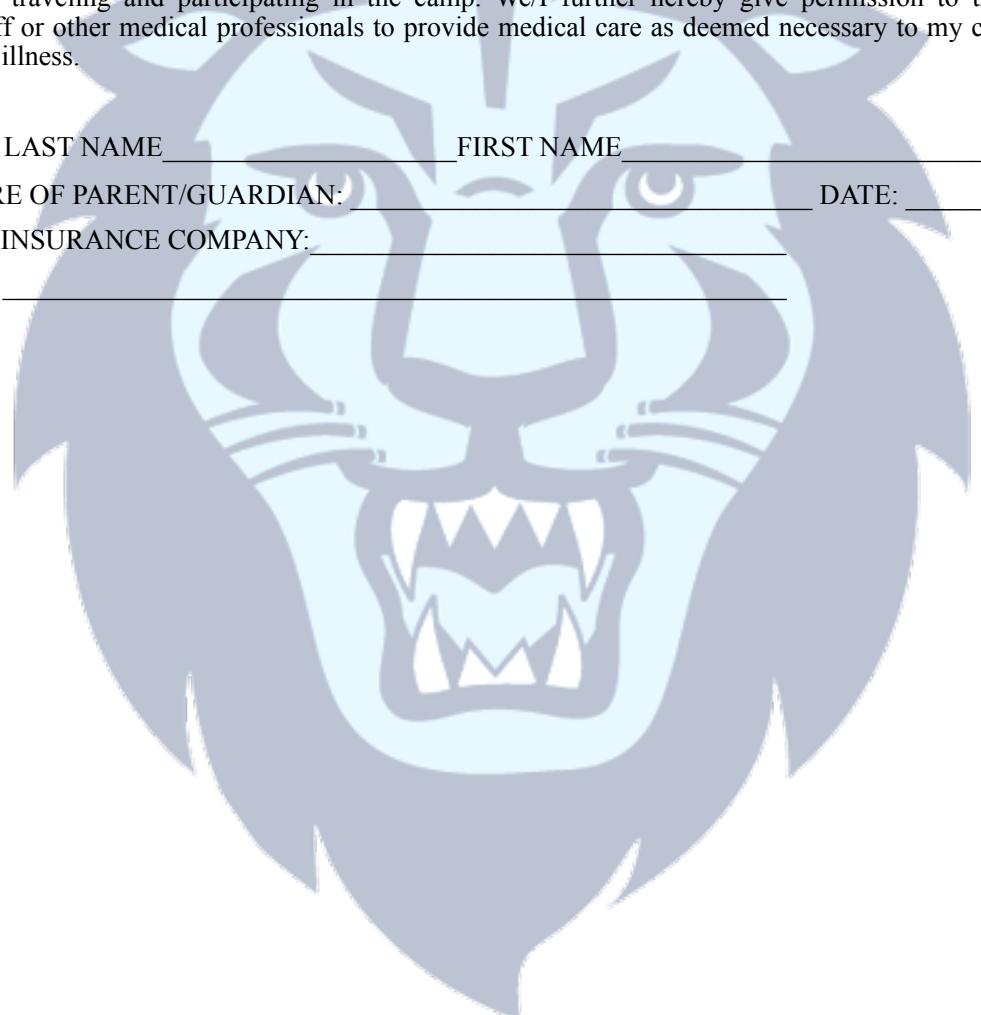
We/I hereby request you accept camper's application for enrollment in the Lions Volleyball Camp. I do hereby authorize the Trustees of Columbia University in the City of New York ("Columbia"), and those acting pursuant to its authority to photograph me for use in one or more publications relating to Lions Volleyball Camp and/or exhibit or distribute the photographs and/or my likeness in whole or in part in any medium, whether now existing or later created, including digitally and online, without restrictions or limitation for any educational or promotional purpose which Columbia, and those acting pursuant to its authority, deem appropriate. I hereby release any and all rights I may have in such photographs, including intellectual property rights, right of publicity and all other rights. In consideration of your acceptance of this application, we/I hereby agree to release, indemnify and hold harmless Columbia University, its agents, Trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in the camp. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

CAMPER: LAST NAME _____ FIRST NAME _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

MEDICAL INSURANCE COMPANY: _____

POLICY #: _____



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