

LIONS VOLLEYBALL CAMP

2020

SELECT CAMP SESSION(S) AND AGE GROUP:

ID Camp - One Day	July 18	10 th – 12 th graders	\$175 Single Day
ID Camp - One Day	July 19	10 th -12 graders	\$175 Single Day
ID Camp – Two Days	July 18-19	10 th – 12 th graders	\$325 Full Camp
Elite Camp Overnight	July 24-26	10 th – 12 th graders	\$575 Overnight
Elite Camp Commuter	July 24-26	10 th – 12 th graders	\$425 Commuter
Day Camp 1	July 20-23	6 th – 9 th graders	\$425 Early Bird/ \$475 after April 1
		10 th – 12 th graders	\$425 Early Bird/ \$475 after April 1
Day Camp 2	July 27-30	6 th – 9 th graders	\$425 Early Bird/ \$475 after April 1
		10 th – 12 th graders	\$425 Early Bird/ \$475 after April 1
Day Camp 3	August 3-6	6 th – 9 th graders	\$425 Early Bird/ \$475 after April 1
		10 th – 12 th graders	\$425 Early Bird/ \$475 after April 1

Camper Information

Camper: Last Name _____ First Name _____

Camper Cell: _____ Camper Email: _____

Grade (September 2019): _____ Camper Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

School Name: _____

School Coach: _____ School Coach Contact (number/email): _____

Club Name: _____

Medical

Insurance Company: _____ Group Number: _____

Food Allergies: _____

Allergies to Medications: _____

Relevant medical conditions/injuries: _____

List of approved medications including OTC: _____

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Emergency Contact

Emergency Contact 1: Name _____ Relationship _____ Phone _____

Emergency Contact 2: Name _____ Relationship _____ Phone _____

My Child has permission to leave camp unattended at the conclusion of each day

-OR-

My Child must be signed out by one of the following authorized people at the conclusion of each day

- 1.
- 2.
- 3.

Lions Volleyball Camp Waiver AKVBC, LLC

In consideration of your acceptance of this application, I, _____, hereby agree to release, indemnify and hold harmless Columbia University, Allison Keeley Volleyball Camps, LLC., all 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.

Name

Relationship

Date

Participation In or Use of Photograph

For valuable consideration, I do hereby authorize the Trustees of Columbia University in the City of New York ("Columbia"), Allison Keeley Volleyball Camps, LLC, and those acting pursuant to their authority to:

1. Photograph my child for use in one or more publications relating to Lions Volleyball Camp.
2. Exhibitor distribute the photographs and/or my child's 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.

Name

Relationship

Date

To complete registration you must send a copy of 1) a physical dated within 1 year 2) your immunizations and 3) your insurance card. If you do not have a physical you can download our medical from the camp website and take it to your health provider.