



Vanguard FCA Volleyball Camp

What is Included:

- Vanguard T-Shirt
- Free passes to Vanguard Home Volleyball Games
- Volleyball skills instruction from Head Coach Marissa Cothran and Assistant Coach Jenny Griffith
- Vanguard Student- Athletes demonstrating technique and drills
- Guest Professional Coaches and Players
- Life lessons about necessary character qualities and mental toughness in the development in today's athlete

Camp 1-

July 27th - 30th: Girls going into 6th to 8th grade - 9am to 1:30pm

Camp 2-

August 3rd – 6th : Boys going into 6th to 9th grade - 9am to 1:30pm
Girls going into 9th to 12th grade- 9am-1:30pm

Cost: \$150 per attendee

Please register on the FCA website at www.ocfca.org/volleyball

Send checks to:

Vanguard University
55 Fair Drive, CA 92626
Attn: Marissa Cothran

Make checks payable to:

Vanguard University Volleyball

Summer 2009 Vanguard University Volleyball Camp Registration

Camper Name: _____ Age _____ Camp 1 or Camp 2 (circle one)

Camper (2) Name: _____ Age _____ Camp 1 or Camp 2 (circle one)

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

Make Checks Payable to: Vanguard University Volleyball

***A \$50 Non-Refundable deposit per child is necessary in order to ensure enrollment.**

| | | |
|------------|----------------|----|
| Camper | \$ 150 | \$ |
| Camper (2) | \$ 135 | \$ |
| | Total Included | \$ |

Please return completed registration and payment to:
Vanguard University Volleyball- Attn: Marissa Cothran
55 Fair Drive, Costa Mesa, CA 92626

Medical Authorization for Minors: (if more than one camper please photocopy and fill out for each camper)

Name of Camper: _____ Home phone number: _____

Street Address, City, State, Zip Code: _____

Mother's Name: _____ Day phone number Mother: _____

Father's Name: _____ Day phone number Father: _____

Name of Insurance Company: _____ Policy Number: _____

Name of Family Doctor: _____ Doctor Phone number: _____

Emergency Contact: _____ Phone number: _____

Allergies, disability: _____

NO CAMPER MAY PARTICIPATE WITHOUT COMPLETED MEDICAL AUTHORIZATION FORM.

I hereby authorize the camp staff at Vanguard University to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Camp and Vanguard University from any and all liability for any injuries or illnesses incurred while at camp. I understand that each camp participant is covered by an accident insurance policy. I, (parent/guardian) will assume financial responsibility, if any, that exceeds the limitations of the campus insurance coverage.

Signature of Parent/Guardian _____ Date _____



Athletic Training Room

Conditional Waiver and Release (Volleyball Camp Participant)

I, (print name) _____, intend to participate in the Vanguard University Volleyball Team Camp either July 27th - July 30th or August 3rd - 6th, under the following conditions:

As a camp participant, I understand and accept that activities involved in the above mentioned sport may result in various injuries, including but not limited to: sprains/strains, unconsciousness, fractured bones, head and or neck injuries resulting in paralysis, loss of vision, paralysis, communicable diseases, and even death. I understand that the dangers and risks of participating in the above named sport may result not only in injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

I agree to hold Vanguard University, its employees, representatives, Team Physicians and athletic training staff, team coaches, and volunteers, harmless from any and all liability, actions, cause of action, debts, claims or demands of any kind and nature whatsoever, which may arise by or in connection with my participation for the above named sport at Vanguard University. The terms hereof shall serve as a release and assumption of risk and responsibility for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I understand that if an injury should occur that requires emergency medical treatment beyond the capabilities of the Volunteer Camp Staff and Vanguard University, I am financially responsible and liable for any and all medical bills pursuant to that medical treatment.

I understand that my participation in the Volleyball Camp hosted at Vanguard University, is dependent on my possession and if applicable showing proof of current primary insurance coverage.

Signature of Participant: _____

Date: _____

Signature of Parent or Guardian: _____
(if under the age of 18 years)

Date: _____

Signature of Head Coach: _____

Date: _____

*** Please attach a double-sided copy of your medical insurance card with this form.**