

Snow Canyon

MEN'S VOLLEYBALL CAMP 2020

INFORMATION

3-DAY CAMP

All boys entering 9th-12th grade

\$100

Includes: 3 days of instruction lead by current college men's volleyball athlete and college coach. Participants that register before July 22nd are guaranteed a camp t-shirt. A total of 15 hours of countless volleyball reps & instruction.

CAMP SCHEDULE

Location: Snow Canyon High School Aux/Main Gyms

JULY 29

9:00a-12:00p, LUNCH BREAK, 1:30-4:30p

JULY 30

9:00a-12:00p, LUNCH BREAK, 1:30-4:30p

JULY 31

9:00a-12:00p, camp conclusion

<https://snowcanyonmvpb.weebly.com> | Coach Donovan Martinez (808)255-8484

Dates, times, coaching lineup subject to change

Snow Canyon MEN'S VOLLEYBALL CAMP 2020

REGISTRATION FORM

Athlete Information

Name: _____ Age: _____

School: _____

Grade (next fall): _____

Camp T-Shirt (circle one):

Adult sizes: S M L XL XXL

(Registrations received after 7/22 are subject to shirt size availability)



Parent/Guardian Information

Name: _____

Contact #: (_____) _____

E-mail: _____

Emergency Contact Information

Name: _____

Relation: _____

Contact #: (_____) _____

Medical & Liability Waiver

I, _____, do hereby grant permission for my child to receive necessary medical treatment in the event of an injury or illness while participating in the Snow Canyon Men's Volleyball Camp ("SCMVB"). I accept responsibility for full payment of any and all medical treatment. I hereby voluntarily and knowingly waive my right to assert any claim against volunteers, workers, including Washington County School District, Snow Canyon High School, Snow Canyon Men's Volleyball Club, Southern Utah Boys Volleyball, and their representatives, assistant coaching staff and Donovan Martinez of SCMVB, therefore releasing and holding harmless from any and all claims, demands, causes of action, expense and the exercise of this authority. I hereby confirm that I have carefully read and completed the above information regarding my child. With informed consent, I fully understand the implication of submitting this Medical & Liability Waiver Form for SCMVB. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of Parent/Guardian

Date

Pre-existing medical conditions/ Allergies (list below):

Camp Registration Fee- \$100 (sibling discount- \$50 each sibling after)

Please select form of payment:

- ☐ Check- payable to "Snow Canyon VBC"
☐ Venmo- "SCMVB"
☐ Cash

Total payment: \$100 + _____ (qty) sibling @ \$50 each = _____

Registration is not confirmed until payment is received.

Photo/Media Release

The undersigned parent/guardian hereby authorize SCMVB permission to use the athlete in a photograph or video in any and all of its publications, including but not limited to all SCMVB printed and digital publications. I understand that the athlete's photograph or video using my likeness will become the property of SCMVB and may not be returned. I acknowledge that since my participation is voluntary, I will receive no financial compensation for use of photo or video. I hereby irrevocably authorize SCMVB to edit, alter, copy, exhibit, publish, or distribute the photo or video for purposes of publicizing SCMVB programs or for any other lawful purpose.

Signature of Parent/Guardian

Date