



**OFFICE USE ONLY**

Payment: Y / N Ck# \_\_\_\_\_

10 Player: Y / N

Date Rec: \_\_\_\_\_

# 2011 Summer Camp Registration Form

*(Please Include NCVA Membership Form When Submitting This Registration)*

**Athlete Information**

Player's Last Name: \_\_\_\_\_ Player's First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Player Position(s): Outside \_\_\_\_\_ Middle \_\_\_\_\_ Setter \_\_\_\_\_ Opposite \_\_\_\_\_ Def. Spec \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Event Participation:	Conditioning Camp \$150.00 <i>(By Deadline)</i>	Summer Skills Camp \$100.00 <i>(By Deadline)</i>
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Skills Camp Age Group (circle one): Beginner 1 Intermediate Advanced Beginner 2

T-Shirt Size: S M L XL

**Parent Information**

Parent's Last Name: \_\_\_\_\_ Parent's First Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

I have provided the above information understanding it will not be published outside of Renegades Volleyball Club without my express written consent. Also all the information provided above is accurate and true to the best of my knowledge.

In consideration for being permitted by Renegades Volleyball Club (RVBC) to participate in the above camp, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I or my child (if participating) may have, of which hereafter accrue to me, or my child, against RVBC as a result of my or my child's participation in the activity. This release is intended to discharge Renegades Volleyball Club, its officers, Board of Directors, volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE RELEASE AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY RENEGADES VOLLEYBALL CLUB AND I SIGN IT OF MY OWN FREE WILL.

<b>Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
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**Please Mail w/ Payment To:**

**Renegades Volleyball Club  
1298 Bordeaux Street  
Livermore, CA 94550  
(925) 580-1897**