

Beach Cities 2017 Volleyball Camp/Clinic Application

Player's Name _____ Parent Name _____
First Last First Last

DOB (XX/XX/XXXX) ____ / ____ / ____ Grade ____ School _____ Gender: M | F (Please circle) Height _____

Address _____
Number & Street City & State Zip

Camp Starting Date ____ / ____ / ____ Times: Morning Afternoon All Day Location _____

Phone Number(s) Home _____ Cell _____
Office _____ Other _____

E-Mail Player _____

E-Mail Parent _____

Tee Shirt Size: Youth: Small ____ Medium ____ Large ____ Adult: Small ____ Medium ____ Large ____ XL ____ XXL ____

1/2 Day Cost: Morning OR Afternoon - \$250

Full Day Cost: - \$450

High Performance Cost: - \$275

*For full day programs
participant's lunch will be
provided

Financial Assistance is available for players of families with documented financial need

Payments can be made via Check or Money Order made payable to *Beach Cities Volleyball*, or Credit Card by filling out the information below. Please complete application and along with payment, mail to: *Beach Cities Volleyball*, 1209 Manhattan Ave. #204, Manhattan Beach, CA 90266

Credit Card #: _____ CRV _____ Expiration Date: _____

Type: MasterCard Visa Discover

Cardholder's Name: _____ Authorized Amount: _____

Signature: _____ Date: _____

Have questions? Visit www.beachcitiesvbc.com or call (310) 546-9150

REFUND POLICY

PLEASE READ CAREFULLY

There are a limited number of spaces in each session. We hold your space with our receipt of your completed application and payment in full of the camp fee. Personal problems, illness or other circumstances which change your plans do not change this policy.

Our refund policy is:

Partial Refund: If you notify us in writing of cancellation three weeks or more before your session we will refund your program fee less a \$50.00 Cancellation Fee.

No Refund: Cancellation fewer than 21 days prior to the first day of your session, disciplinary action, personal problems, illness or change of plans will result in no refunds.

Release and hold harmless agreement / Authorization for treatment of a minor.

In consideration of the participation in the 2017 Beach Cities Volleyball Camp (or Clinics), and with complete understanding said participant will take a physical test of volleyball skills, I (we) understand and agree to the following:

_____, participant is hereby given my consent to participate in organized practices, activities and competition in the 2017 Beach Cities Volleyball Camps and Clinics. I give permission for Beach Cities Volleyball to use pictures of my child in the future for publicity use only.

Parent / Guardian Signature

Date

The undersigned does hereby waive, release, acquit and forever discharge Beach Cities Volleyball Club, its officers and directors, collectively and individually, coaches, and adult supervision, and any and all persons directly or indirectly associated with the Beach Cities Volleyball Camps or Clinics, Beach Cities Volleyball Club and each of them from any and all acts, causes of action, claims, demands, damages, costs or expenses on account of or which may in any way develop out of any and all known and unknown personal injuries or property damage which the player/participant may suffer during the course of or as a result of the participation in the 2017 Beach Cities Volleyball Camp or Clinics including, but not limited to, camp and clinic activities, travel to and from meals with the coaches, meals with the coaches, practices after the camp, and travel to and from the camp.

I hereby acknowledge that I am the parent and/or guardian of the above-mentioned minor. I give authorization to any properly licensed physician or surgeon to provide emergency medical care and/or treatment when necessary. Any expenditure for care and treatment is my responsibility.

Signature of Parent or Guardian

Date

Print name of Parent or Guardian

Print name of Participant