

Beach Cities Volleyball

2012 WINTER BREAK

CLINIC APPLICATION

Player's Name _____ Gender: M | F (Please circle)

Date of Birth (Month/Day/Year) _____ School _____ Grade _____ Week # 1 | 2 (Please circle)

Address _____
Number & Street _____ City & State _____ Zip _____

Phone #s Home _____ - _____ - _____ Cell _____ - _____ - _____

Office _____ - _____ - _____ Ext _____ Other _____ - _____ - _____

E-Mail Player _____

E-Mail Parent _____

E-Mail Other _____

Cost for Camps & Clinics: 3-Day Session: \$80 Individual Sessions: \$40

Please make check or money order payable to **Beach Cities Volleyball**, complete application and mail to: **Beach Cities Volleyball** 1209 Manhattan Ave. #204, Manhattan Beach, CA 90266

Have questions? Visit www.beachcitiesvbc.com or call 310.546.9150

REFUND POLICY

PLEASE READ CAREFULLY

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

Our refund policy is: **No Refund:** Cancellation, disciplinary action, personal problems 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 2012 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 2012 Beach Cities Volleyball Camp 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 2012 Beach Cities Volleyball Camp & Clinics including, but not limited to, camp and clinic activities, 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