



SLCC Bruin Volleyball Camp Registration Form

Name of Player _____ Age _____ Grade _____

T-Shirt Size _____ H.S. Graduation year _____

Street _____ City _____ State _____ Zip _____

Name of Parent or Guardian _____

Home Phone (____) _____ Work Phone (____) _____

Email address: _____

In case of emergency, please notify _____ Day Phone _____

Participant/Parent Statement of Agreement

I hereby recognize and assume that participation in this program may involve bodily and/or emotional injury to myself and/or my child and authorize Salt Lake Community College program staff act on my behalf in accordance with their best best judgement in case of an emergency; I recognize that all other participative agencies are not held liable for any accident or injury while participating in the above program, and that in the event of injury to myself and/or my child, Salt Lake Community College is not held responsible for reimbursement of medical expenses resulting from such accident or injury.

Refund Policy: A refund less 25% of the registration fee for administrative costs can be requested until the clinic starting date. After this date, no refunds will be given. All refunds must be requested in person, accompanied with a written refund request, and no refunds shall be given after the first day of the program.

By signing this assumption of risks, liability release and refund policy statement, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosures and that I agree to its terms.

Signature (Parent or legal guardian): _____ COST: \$75/person

TEAM CAMP ONLY: _____ COST: \$500/team
(High School Team Nam)

FOR OFFICE USE ONLY: RECEIPT #

BY:

DATE: