

Summer 2010

Volleyball Camp Registration Form

Participant's Name: _____

Age: _____ School _____ Grade _____

SUMMER CAMP PREFERRED – INITIAL NEXT TO THE CAMP(S) YOU WOULD LIKE

Camps may be combined or cancelled due to number of participants.

Age Group	Clinics Dates	Clinic Times	Skill Levels	Register /Initials
7-14 Boys and Girls	July 12-16	8:30am-1:00 pm	All Skill Levels	
7-14 Boys and Girls	July 19-23	8:30am-1:00 pm	All Skill Levels	
7-14 Boys and Girls	July 26-30	8:30am-1:00 pm	All Skill Levels	

Specialty Camp	Dates	Times	Age Group	Register/Initials
Defensive/Passing	July 12-15	9-11 am	High School Boys/Girls	
Setters/Hitters Clinic	July 19-22	9-11 am	High School Boys/Girls	
High Performance	July 26-29	9-11 am	High School Boys/Girls	

AMOUNT:

\$200 ½ day camp (25% discount for siblings)

\$145 for specialty camp

TOTAL ENCLOSED \$ _____

Parent/Guardian's Name: _____

Home Address: _____

City _____ Zip _____

Home Phone: _____ Cell/Emergency Phone: _____

EMAIL ADDRESS*: _____

(*Must have an email address to communicate information regarding clinic registration.)

I, _____ (parent/guardian) of _____ (participant), do

hereby release from any obligation whatsoever all coaches and whoever assists them while my child is participating in any OC Riptides function. I hereby do not hold OC Riptides, Ripcurls VBC or anyone chosen to assist, responsible for any action or accident my child may be involved in while participating. I understand that all insurance/medical costs are my responsibility. In my absence, I hereby give my permission to OC Riptides personnel to have the above child receive emergency medical treatment required as a result of an accident.

Parent/Guardian's

Signature: _____ Date: _____

COMPLETE THIS FORM AND SEND IT WITH PAYMENT TO:

RHONDA JACKSON - 1500 SOUTH ANAHEIM BLVD., SUITE 250, ANAHEIM, CA 92805

MORE INFO – (949) 293-2555 OR RHONDAJACKSON@OCRIPIDESVBC.COM

PLEASE VISIT: WWW.OCRIPIDESVBC.COM