

# ST. AUGUSTINE VOLLEYBALL SUMMER CAMP REGISTRATION FORM

(Please Print)

Today's date:		Camp Fee: \$125.00 <b>*No refunds</b>			
		Payment Type: (Circle One) Cash    Check    Money Order			
PLAYER INFORMATION					
Athlete's First Name:		Middle:	Last:	T-shirt Size (circle one) Adult- XS   S   M   L   XL	
Updated Physical (Bring With)	If not updated, expected date of getting player physical.	Date that current physical expires:		Birth date:	Age:    Grade:
<input type="checkbox"/> Yes <input type="checkbox"/> No	/    /	/    /		/    /	
Street address:			Parent's Name/ Guardian:		Home phone no.:    Cell Phone no:
			1.		(    )                    (    )
			2.		
P.O. box:	City:		State:	ZIP Code:	
Player's Email Address:			Parent's Email Address:		
Please list any special medical information coaches should know about.					

INSURANCE INFORMATION	
Is the athlete covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate primary insurance	
<input type="checkbox"/>	Doctor's Name: Doctor's Number:
Policy number:	Group Number:

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):		Relationship to athlete:	Home phone no.:    Cell phone no.:
			(    )                    (    )
* AUTHORIZED TO PICK UP CHILD OR TO CALL IN AN EMERGENCY. PLEASE NOTE THAT WE WILL ALWAYS NOTIFY PRIMARY PARENT / GUARDIAN FIRST!			
_____		_____	
<i>Patient/Guardian signature</i>		<i>Date</i>	