

# MISSION VIEJO VOLLEYBALL CLUB 2010 SUMMER CAMPS

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_, the parent of \_\_\_\_\_, do hereby release from any obligation whatsoever all coaches and whoever assists them while my child is participating in any Mission Viejo Volleyball Club function, and understand that all insurance obligations are my responsibility. I hereby do not hold Mission Viejo Volleyball Club, nor anyone chosen to assist them, responsible for any action or accident my child may be involved in while participating in any Mission Viejo Volleyball Club practice session, camp, clinic or function. I also give my permission to have the above child receive any emergency medical treatment.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

CAMP SHIRT SIZE: YOUTH LRG \_\_\_ ADULT SM \_\_\_ ADULT MED \_\_\_.

PLEASE CIRCLE CAMP(S) YOU WILL BE ATTENDING AND SUBMIT CORRECT AMOUNT!!

PLEASE NOTE: Players will be separated according to skill level for all camps!

## **CAMP 1 (All Skills Camp)**

JULY 26<sup>th</sup>-29<sup>th</sup>

Beginner/Intermediate

3:30pm-5:30pm

\$125

Camps will be held at

Saddleback VBC 26923 Fuerte Drive

Lake, Forest, CA 92530

## **CAMP 2 (All Skills Camp)**

AUGUST 9<sup>th</sup>-11<sup>th</sup>

Beginner/Intermediate

12:00pm-2:00pm

\$100

Please make check payable to MVVBC

and mail with this form to: MVVBC

24821 Calle El Toro Grande

Lake Forest, CA 92630

## **CAMP 3 (Advanced Skills and HS Tryout Camp, Jr. High & HS players will)**

AUGUST 16<sup>th</sup>-19<sup>th</sup> be separated)

Grades 7<sup>th</sup>-12<sup>th</sup>

12:00pm-2:00pm

\$125