

APPLICATION CHECKLIST:

- Read camp session descriptions on website
- Read cancellation/other camp policies **on website**
- Fill out all information on the application.
- Read and sign waiver and check permission blocks
- Attach Immunizations and Physical (up-to-date, physical must be within 2 yrs of the last day of camp. e.g, July 28, 2010 exam is okay for 2012 July 23-27 camp).
- Add \$50 to camp cost if submitted without medical forms. Note that forms are still required. If not submitted before July 1, camp participation will be denied.
- Check date of registration for correct camp cost.

Add \$50 per Full Day and CHS Camps after 4/1/10
(Attach Payment in the form of a check made out
"Karyn Altman" or "Masspike Volleyball"

- Send forms and Checks to **Karyn Altman**
Masspike Volleyball
177 Old Westford Road
Chelmsford, MA 01824
- You should receive e-mail confirmation of registration within 2 weeks. If no confirmation is received, email masspikevolleyball@gmail.com to check status.
- Optional: Sign-up for third-party camp cancellation insurance at <http://www.mycampprotector.com>

APPLICATION FORM

Female Male T-shirt size _____(adult-size)
Name _____ DOB _____
Street _____
City, State, Zip _____
Home/work phone: _____
Parent cell _____

PLEASE PRINT CLEARLY confirmation will be emailed

Email _____
Parent email—confirmation will emailed to this address

Email _____
Parent email 2

Email _____
Player email

School _____ Club _____

Enter # of yrs played at each level

Varsity ____ JVA ____ JVB/Freshman ____ JO/Club ____

Highest level played in club/JO _____ What year? _____

- Outside Hitter Middle Setter Back Row

Fill out info on all 3 panels →

APPLICATION FORM - CONTINUED

Emergency/Secondary Contact info:

Significant Medical /Allergy Notes (can send note /email)

Insurance Co/Policy # _____

SESSION REGISTRATION

- Outside Hitter Middle Setter Back Row
 Team Training (contact Karyn Altman for details)

ADDITIONAL TRAINING POSSIBILITIES

- Interest in: Aug 20-22 mini camp
 private lessons or day clinics Chelmsford)

JULY 23-27 at Brandeis Cost Payment
Before 4/1

Fitness 8:45-9:45 (Tu-Fr) \$40 _____

Full Day Camp10am-4pm \$385 _____

JUL 30-AUG 3 at Brandeis Waltham

Fitness 8:45-9:45 (Tu-Fr) \$40 _____

Full Day Camp10am-4pm \$385 _____

AUG 6-10 Sports Zone Derry, NH

Full Day Camp10am-4pm \$385 _____

AUG 13-17 CHS CAMP \$185 _____

Level* 5+ 9-11:30am Level *3-4 12-2:30pm

Level *1-2 2:30-5pm Beginner * 5:30-8pm

*see website for CHS levels and all session descriptions.

ADDITIONAL FEES

Application submitted without Exam/immunization records \$50 _____

Late Fee # of sessions x \$50 = _____
If submitted after 4/1/2012
Full day /CHS sessions only

Checks to Karyn Altman or TOTAL _____
Masspike Volleyball

WAIVER AND PERMISSION FORM (Sign below)

I understand and accept

- ◆ Masspike Financial Policies. No refunds from Masspike after June 1. Optional cancellation insurance is available.
- ◆ \$50 will be added to the camp fee if camp application is submitted without required doctor's exam/immunization forms. And all required medical forms must be submitted before July 1 or permission may be denied. No refunds will be granted.
- ◆ Acceptance into the camp depends on availability. Camp confirmations are sent by email. Call or email if you don't receive one.
- ◆ That I may need to arrange for my child's pick up if medical or other needs require my child to go home.
- ◆ Pictures taken at camp can be used for Masspike promotions.
- ◆ The Masspike Camper Dismissal Policy. I am expected to arrange for prompt pick up of my child at the end of camp. Unless I specify other required arrangements in writing, my child will be released from their court at camp's end and wait for their rides unsupervised by staff. After the last daily session, if my child's ride is late, I agree to pay the staff \$1/minute for any time after 15 minutes that they wait with my child
- ◆ The registered player is fit to participate in "Masspike Volleyball Camp". In the event of an emergency, if a parent or guardian cannot be reached, I hereby authorize the director or staff to act for me according to their best judgment. I waive, release, and forever discharge the Masspike Volleyball Camp, its directors, staff and host facilities, Sports Zone, Brandeis University and Chelmsford High School, from any and all liability, claim, loss, rights of action, present or future, anticipated or unanticipated, resulting from or arising out of or in incident to participation in this camp. I hereby waive and release the Masspike Camp from any responsibility for possessions lost or damaged by fire, theft, or personal negligence and any and all liability from any injury or illness incurred while at camp or traveling to and from said camp activity. To the best of my knowledge the applicant has no physical condition which would interfere with her/his ability to safely participate in or attend Masspike Volleyball Camp.

Please mark the boxes below for which you wish to give permission to/for your child (under 18) and then sign below designating permission.

- I permit my child to self medicate with their inhaler
- I permit my child to take acetaminophen or ibuprofen. Pills must be in their original container.
- I permit the athletic trainer or director to give acetaminophen or ibuprofen to my child
- I permit my child to leave camp during session breaks.
- I permit the camp director to give out my email or phone number for the purpose of carpooling.

Signed _____

Signature denotes acceptance of policies and permission for checked boxes.

Date _____ Send required forms and checks to

Camp Director: Karyn Altman
Address: Masspike Volleyball Camp
177 Old Westford Rd
Chelmsford, MA 01824

Phone: 978-226-8781 ←This is a home office.
Please restrict calls to between 10am and 5pm