



Maximum Performance Volleyball Training
2010 Skills Clinic Application
July 24th - 9:00 AM- 4:00 PM

Name: _____ Birth Date: _____

Age: _____ E-mail Address (Please Print): _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone :() _____ Parents/Guardian Work Phone: () _____

Parents/Guardian Names: _____

Middle or High School: _____ Grade in Fall of 2010: _____

Coach's Name: _____ Coach's Phone Number: () _____

T-Shirt Size (Adult Sizes: S, M, L, XL, XXL): _____

****Bring Your Own Lunch****

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_____ Skills Clinic- July 24th, \$60.00 Total cost, \$20.00 non-refundable deposit by July 1, 2010

****Make checks payable to "Maximum Performance Volleyball Training"*****

Mail to: Liberty University
Attention: Women's Volleyball
1971 University Blvd.
Lynchburg, VA 24502-2269



Medical Release: All Campers must have medical coverage. Campers will not be allowed to take part in camp unless the following information is submitted and the form below is signed by the parent/guardian of the camper.

Camper's insurance Company: _____

Policy Number: _____

Address & Phone Number of Company: _____

Waiver Statements:

I, the undersigned, hereby certify that I am the parent or legal guardian of the applicant. I hereby grant permission to the applicant to attend the Maximum Performance Volleyball Training team camp at Liberty University and to be treated by a licensed physician or member of the school's training staff in the event of any injury or illness during the course of the camp.

I further understand that the applicant will be engaging in physical activity during the camp that contains the inherent risk of physical injury.

I, the undersigned, for myself, my heirs, executors and administrators, waive, release and forever discharge Liberty University and Maximum Performance Volleyball Training, and it's staff, officers, employees, representatives, successors and assigns from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during the participation in camp activities during the course of the camp.

Parent/Guardian Signature: _____

Date: _____

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Office use only:

Check #: _____ Amount _____ Balance Due: _____