



**UNIVERSITY OF NEW HAMPSHIRE
WOMEN'S VOLLEYBALL**



2009 Summer Camp Registration
Sunday, July 19-Thursday, July 23

PLEASE PRINT NEATLY

Camper's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Email: _____

* Please make sure your email address is correct and legible, information will be sent via email.

Age: _____ **Grade (fall of 2009):** _____

School: _____

Camper Type: Overnight (\$475) _____ Commuter (\$425) _____

Roommate Request (one only): _____

If both campers do not choose each other, we can not guarantee rooming matches.

Payment Options: Pay Deposit (\$200) _____

Pay in Full _____
(Overnight \$475/Commuter \$425)

Please send payment along with registration and waiver form to:

UNH Volleyball Camp
145 Main St.
Field House
Durham, NH 03824

All balances are due by June 12th.

Refund: A refund minus a \$50 administrative fee is given when requested in writing by **May 8, 2009**. After the fee deadline date and any date prior to the start of the camp, refund minus a \$100 administrative fee will be issued only upon written receipt of a medical excuse signed by a physician and accompanied by the refund request from a parent/guardian.



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Waiver Form

Camper's Name: _____

In case of an emergency, notify: _____

Emergency Phone 1: _____

Emergency Phone 2: _____

Medical Conditions: _____

The above-named child has my permission to participate in the University of New Hampshire Volleyball Camp.

I/We understand what the aforementioned activity involves and believe that the aforementioned person is in proper physical condition to participate. I/We assume all risks and hazards incidental to the conduct of the aforementioned activity. I/We do further release and forever discharge the University of New Hampshire Volleyball Camp from and against any and all claims, demands, and actions, or causes of action.

In the event of an emergency requiring medical attention beyond first aid, I/We hereby grant permission to a physician or hospital personnel designated by the University of New Hampshire Volleyball Camp to provide medical attention to the aforementioned person, including (if necessary) hospitalization.

Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Please send payment along with registration and waiver form to:

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