



**Maximum Performance Volleyball Training
2013 Skills Clinic Application
July 20 – 9 a.m. – 4 p.m.**

Name: _____ Birth Date: _____

Age: _____ Email Address (Please Print): _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

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

Parent/Guardian Names: _____

Middle or High School Attended: _____ Grade in Fall of 2013: _____

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: \$60

NOTE: A \$20 non-refundable deposit is required to hold the camper's spot/t-shirt and should be sent with the application by July 1, 2013. Walk-ins are welcome, but not guaranteed a t-shirt.

Make checks payable to: Maximum Performance Volleyball Training

Mail to: Liberty University
ATTN: 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 # 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 its staff, officers, employees, representatives, successors, and assignees 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:* _____