



Maximum Performance Volleyball Training 2013 Team Camp Application July 21- 25

*****Send ALL Team Applications & Deposits Together by July 1, 2013*****

Name: _____ Birth Date: _____

Age: _____ Email Address (Please Print): _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

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

Parent/Guardian Names: _____

Grade in Fall of 2013: _____ School Attended: _____

Team Name for Camp (Ex.: Lynchburg Middle **Gold**): _____

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

T-shirt size (Adult Sizes: S, M, L, XL, XXL): _____

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_____ Resident Camper: \$300 (\$295 with a school of 9 or more athletes)

_____ Commuter Camper: \$250 (\$245 with a school of 9 or more athletes)

NOTE: A \$50 non-refundable deposit is required to hold the camper's spot and should be sent with the team application by July 1, 2013.

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:* _____