

RHODY VOLLEYBALL CAMP – 2020 REGISTRATION FORM

APPLICANT INFORMATION

Session Attending (Please Circle One):		Camp 1: July 13th-16th		Camp 2: July 16th-19st		
I will be attending camp as a (Please Circle One):		Overnight (\$565)		Commuter (\$465)		
I am a (Please Circle One):		Returning Camper		New Camper		
First Name:				Last Name:		
City:			State:	How did you hear about camp?		
Email:	<i>All event communication will be sent to this email address!!!</i>					
Payment Information:	Discount Code (if applicable):			Payment Amount:	Check #:	

SCHOOL, CLUB, & ROOMMATE INFORMATION

I will be attending camp as an (Circle One):		Individual			Team	
School (Fall 2020):				Grade (Fall 2020):		
Club Team (Winter 2020):				Age at time of camp:		
Roommate Requests (Not Guaranteed) (Max 3 Campers/Room)						
T-Shirt Size: (Included with camp registration)	YL S M L XL					
Camp Sweatshirt: (Optional Advanced Purchase)	Circle: Crew Neck (\$30) or Hooded (\$35)			Size: YL S M L XL		

EMERGENCY CONTACT & MEDICAL INFORMATION

Parent/Legal Guardian Name:				Cell Phone:		
Primary Emergency Contact: (If different than above)				Cell Phone:		
Secondary Emergency Contact:				Cell Phone:		
Name of Insurance Company				Policy No.		
Is the camper currently taking any medications?	YES	NO	If YES, please list medication and dosage:			
Is the camper under the care of a provider for a medical and/or psychological issue?	YES	NO	If YES, please explain:			

NOTES: