

# STAR VOLLEYBALL CAMP

## 2018 REGISTRATION FORM

### EASTERN MONTGOMERY HIGH SCHOOL

AUGUST 1 – AUGUST 3

Athlete's Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents' Names: \_\_\_\_\_ Family Cell #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Grade athlete will be in next fall: \_\_\_\_\_ Position(s) Played: \_\_\_\_\_

School athlete will be attending fall 2018: \_\_\_\_\_

Has she played on a school vball team? \_\_\_\_\_ If so, what grade(s) was she in? \_\_\_\_\_

Has she played on a travel vball team? \_\_\_\_\_ If so, what grade(s) was she in? \_\_\_\_\_

What club(s)? \_\_\_\_\_

## MEDICAL EMERGENCY RELEASE FORM

I give my consent and approval for my child \_\_\_\_\_ to participate in the STAR Volleyball Camp. I certify that she/he is physically fit to take part in the activities of the camp. I have adequate medical insurance for medical expenses that may result from any injury sustained while she/he is participating in the camp activities. I agree not to hold Eastern Montgomery High School, STAR Volleyball Camps, any individual from the school, or any camp staff members responsible for such expenses. I authorize emergency medical treatment for my child in the event she/he needs such treatment and I am unavailable to give consent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contact:

1. Contact: \_\_\_\_\_ Number: \_\_\_\_\_

2. Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Feel free to email Coach Maggie Rusgrove ([meghanrusgrove@mcps.org](mailto:meghanrusgrove@mcps.org)) or Coach Tom Houser ([coachhouser@yahoo.com](mailto:coachhouser@yahoo.com)) with any questions.