



**PALM BEACH STATE**  
**COLLEGE**

# Panther Volleyball Camp

## Get your College Approach to Volleyball

*Elizabeth Erling Gymnasium*

*4200 South Congress Ave, Lake Worth, FL 33461*

### **Intermediate/Advanced Camp**

**July 27 - July 30 / 6:00 pm – 9:00 pm**

Technical Positional Training - Team Concepts - Individual Enhancement

**Price is \$150 for camp (T-shirt is included)**

### **Mommy or Daddy and Me Camp (10U)**

**July 27 – July 30 / 6:00 pm – 7:30 pm**

**Price is \$100 for camp (T-shirt is included)**

*Please fill out Registration Form, sign Release Waiver and return with check or money order by **Friday, July 17, 2015**. After this date there will be an additional \$25 added to the entry fee for camp.*

*Make checks payable to: Palm Beach State College Volleyball*

**Mail to:** P.B.S.C. VOLLEYBALL Email with Questions: colvinjess@aol.com Attn: #41, Jessica Colvin  
4200 South Congress Avenue  
Lake Worth, FL 33461

# REGISTRATION FORM

Office use only.  
Paid: CK # \_\_\_\_\_ MO \_\_\_\_\_  
OWE \$ \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
School Child Attends \_\_\_\_\_  
T-shirt size      ADULT              S              M              L              XL  
Email: \_\_\_\_\_

### Emergency Numbers:

Mother's Name/Number (Cell/Home) \_\_\_\_\_

Father's Name/Number (Cell/Home) \_\_\_\_\_

Emergency Contact during camp hours \_\_\_\_\_

Please list any know medical conditions such as allergies (including food & insects), diabetes, medication prescribed, and emergency treatment if necessary.

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Family Physician \_\_\_\_\_  
Phone Number \_\_\_\_\_

### Authorization for Release:

I give permission for my child to be released to the following persons for transportation home from a Palm Beach State College Volleyball Camp.

Name/Relationship: \_\_\_\_\_

### Indemnification Statement:

The participant, parent or legal guardian of a participant, agrees to indemnify, defend and hold harmless Palm Beach State College and any person(s) associated with the camp from any and all injuries, property damage and other claims, liabilities, loss and causes of action which may arise from his/her child's participation in this program or from emergency medical care, and further agrees to not hold Palm Beach State College and all person(s) associates with the summer program for any injuries that may occur as a result of participation in said program, while on property or during activities taking place off the premises. Authorization is hereby given for emergency medical care of said participant should the need arise. I hereby grant Palm Beach State College permission to use photographs of me (and/or my child) in printed materials, informational displays or slide presentations.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_