

Rebel Volleyball Camps

Registration Form

Camper Information

Camper Name: _____
First *Last*

Address: _____
Street Address *Apartment/Unit #* *City* *State* *Zip Code*

Home Phone: () _____ Camper's Cell Phone: () _____

Email: _____ *Email used to send Confirmation Letter

Birthdate: / / _____ Grade (next fall): _____

Roommate Preference (Rebel Skill): _____

High School (Team Camp): _____

Parent/Guardian Information

Name: _____
First *Last*

Cell Phone: () _____ Emergency Contact Phone: () _____

Insurance Information

Insurance Co: _____ Address: _____

Policy Number: _____ Policy Holder Name: _____

Does your Insurance carrier require prior approval Yes No

2018 Camps

Setter Camp	Libero Defender Camp	Hitter Camp	Rebel Clinics	Jr Rebel Camp	Rebel Skills Camp	Rebel Team Camp
<i>June 4</i>	<i>June 5</i>	<i>June 6</i>	<i>July 16-19</i>	<i>July 16-19</i>	<i>July 23-25</i>	<i>July 27-28</i>
\$125 <input type="checkbox"/>	\$125 <input type="checkbox"/>	\$125 <input type="checkbox"/>	\$60 <input type="checkbox"/> \$60 <input type="checkbox"/> \$60 <input type="checkbox"/> \$60 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$395 Commuter <input type="checkbox"/>	\$100 <input type="checkbox"/>
			\$240/All 4 days <input type="checkbox"/>		\$495 Overnight/Resident <input type="checkbox"/>	

TOTAL DUE: \$ _____

Up to seven days before the camp you registered for begins, you may receive 90% refund (10% administrative charge) in the event of illness, injury, or family emergency. From six to one day before the camp you registered for begins, you may receive 50% refund (50% administrative charges) in the event of illness, injury, or family emergency. Once the camp you registered for begins, there is no refund in the event of illness, injury, or family emergency

Method of Payment

Credit Card Credit Card Type: _____

Credit Card #: _____ Exp. Date _____

Signature: _____ Date: _____

Money Order

Payable & Return to:
Dawn Sullivan Camps
 4505 S Maryland Pkwy
 Box 450028
 Las Vegas, NV 89154

Phone: (702) 895-2866
 Fax: (702) 895-1993
 E-mail: volleyball@unlv.edu
 Or register online at <http://www.unlvvolleyballcamps.com>

Rebel Volleyball Camps

Participant Full Legal Name _____ Male Female Age _____

Parent / Guardian Name(s) _____ Parent/Guardian Phone Number _____

Address (including city, state and zip code): _____

Check All Camp(s) Attending:

Setter Libero/Defender Hitter Clinics Jr Rebel Rebel Skills Team _____
School Name

Release / Disclaimer

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Dawn Sullivan Camps, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Dawn Sullivan Camps does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Dawn Sullivan Camps premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Dawn Sullivan Camps.

Image & Voice Permission

I do hereby grant Dawn Sullivan Camps the right to photograph, videotape, or otherwise digitally collage my child's likeness, voice and sounds. I understand that the video and/or audio recordings taken of my child by Dawn Sullivan Camps shall be used in any publications or promotional materials, in any medium now known or developed in the future without any restrictions.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/DISCLAIMER/IMAGE/VOICE PERMISSION AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

***Parents or guardians must sign if applicant is UNDER 18.**

Parent / Guardian Signature _____

Date _____

Adult Participant Signature _____

Date _____