

**PARENTAL CONSENT FORM**  
Emergency Contacts

\_\_\_\_\_  
Mother's Name Work Phone

\_\_\_\_\_  
Father's Name Work Phone

\_\_\_\_\_  
Other Contact Phone

In the space below, specify any instructions or other information concerning your child that should be known.

\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION**

Accidental insurance (secondary policy) is included in the tuition fee. However, your insurance policy will be primary carrier if medical treatment is needed. All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted and the form is signed by the parent or guardian of the camper.

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Address of Insurance Company

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

I/We, the undersigned, hereby certify that I (we) am (are) the parent and/or legal guardian of the camper. I hereby give permission for the staff of the camp to seek during the period of the camp appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy of the camp.

**WAIVER STATEMENTS**

I/We, the undersigned, ourselves, our heirs, executors and administrators, waive, release and forever discharge the University of Central Florida and Meg Colado's Volleyball Camp at UCF DBA Volleyball Camp at UCF and its staff, officers, agents, employees, representatives, successors and assigns 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 participation in Camp activities or while at Volleyball Camp at UCF. I/We acknowledge reading the above waiver statement.

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

NOTE: THIS MUST BE SIGNED AND RETURNED IN ORDER TO PARTICIPATE IN THE CAMP.

**APPLICATION FOR VOLLEYBALL CAMP AT UCF**  
Complete this form and return it with your deposit to reserve your space. Please Print.

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Birthday Age at Camp Grade Entering Fall '06

\_\_\_\_\_  
Home Phone Other Phone

\_\_\_\_\_  
School/Team Name

\_\_\_\_\_  
Primary Position Played

\_\_\_\_\_  
Roommate Preference 1.

\_\_\_\_\_  
2.

CHECK DESIRED SESSION (C-Commuter / R-Resident)			
TEAM CAMP	JULY 27-29	\$185 C	\$215 R
INDIVIDUAL CAMP	JUNE 21-23	\$245 C	\$305 R
ELITE CAMP	JUNE 21-23	\$315 C	\$380 R

\*Team Coaches check if you will coach your own team \_\_\_\_\_

Please circle your t-shirt size XL L M S

**OFFICE USE ONLY**

Deposit Received \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Balance Due at Registration \$ \_\_\_\_\_

**PLEASE DO NOT FORGET TO** Detach and mail along with appropriate deposit to: Volleyball Camps at UCF, c/o Meg Colado, Building 50, Orlando, FL 32816. Please note: e-mail will be your confirmation. If you have any questions, please call 407-823-2025 or 407-823-3255.