

2010 Vandal Volleyball Skills Camp at the University of Idaho

Camper Name _____ Year of HS Graduation _____

Address _____ Position _____

City, State, Zip _____ Date of Birth _____

Camp T-shirt size (adult) S M L XL

Have you won an athletic award/ varsity letter since entering the 9th grade? YES ___ or NO ___

Parent Email Address _____ Home Phone () ___ - ___

Mother's Name _____ Mother's Cell # () ___ - ___ Mother's Work # () ___ - ___

Father's Name _____ Father's Cell # () ___ - ___ Father's Work # () ___ - ___

Emergency contact _____ **Relationship** _____

Home Phone # () ___ - ___ **Work/Cell #** () ___ - ___

Club Team _____ Years Played _____

Coach's Name _____ Email _____

Health Statement

Please list any and all physical conditions that UI program staff should know which may affect or be affected by participation in this program.

Present Medical Problems or Conditions: _____

Medications taken regularly: _____

Allergies: _____

Limitations on physical activity: _____

Family Doctor: _____ Dr. Office Phone: _____

Insurance Company: _____

Policy Holder: _____ Policy Number: _____

*** You must include the parent/guardian signed copy of the Waiver.