

2010 Vandal Volleyball Youth 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

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.

