

High School Team _____

2010 Jim McLaughlin Volleyball Team Camp at UW

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 E-mail address _____ Home phone (____) _____

Mom Name _____ Mom cell # (____) _____ Mom work # (____) _____

Dad Name _____ Dad cell # (____) _____ Dad work # (____) _____

Emergency contact _____ Relationship _____

Home phone (____) _____ Work / cell phone (____) _____

Club Team _____ Years played _____

Coach's Name _____ Email _____

MEDICAL INFORMATION:

Known Allergies _____

Current medications _____ Current injuries _____

Current restrictions _____ Date of last physical _____

Family Doctor _____ Dr. office phone (____) _____

Insurance Company _____

Policy Holder _____ Policy number _____

*****You MUST include a "proof of physical" signed by a doctor dated after January 1, 2009.**

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

Please make checks payable to "Jim McLaughlin Volleyball Camp" Commuters \$360, Residents \$440