

Emergency and Medical Information

Student Name

Medical Conditions

Allergies to drugs, food, or insects

Medications taken regularly

Restrictions on Physical Activity

Doctors Name

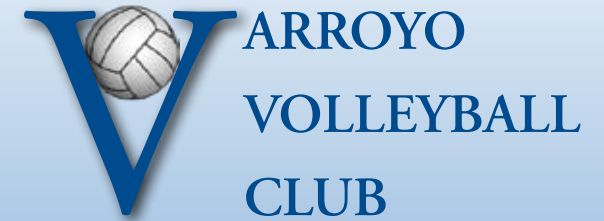
Telephone

Person authorized to transport child when needed at any time

Should it become necessary for my child to have medical treatment, I hereby give clinic personnel permission to obtain medical service for my child(ren). I give physician selected by school permission to render medical treatment deemed necessary and appropriate by physician.

Parent Signature

Date



Beach Camp 2009



Arroyo Volleyball Club
P.O. Box 91937
Pasadena, CA 91109

626.221.9335
www.arroyovolleyball.org

HOW CAN YOU BENEFIT FROM BEACH VOLLEYBALL CAMP 2009

Beach Camp 2009 will give players an opportunity to improve their volleyball skills in a safe, fun, and challenging environment. Students will be able to improve their physical conditioning, learn the differences in the beach game, and be prepared for beach volleyball tournaments.



ABOUT THE CAMP

This camp is designed for boys and girls age 8 to 16. Students will learn the basic skills including serving, passing, setting, offense, and defense. In addition to improving their fundamental skills, intermediate and advanced players will receive specialized training in beach volleyball.

All participants are required to bring beach wear, footwear, towel, lunch, and water.

WHEN AND WHERE IS THE CAMP

Sessions will be held Mondays through Fridays at Will Rogers State Beach.

Transportation is provided.

Drop-off time: 8 – 8:45 a.m.

Pick-up time: 3:45 p.m.

Location: Rose Bowl Parking Lot I by Jackie Robinson Stadium at the Dog Park

SESSION DATES

Session 1	June 15 – June 19
Session 2	June 22 – June 26
Session 3	June 29 – July 2
Session 4	July 6 – July 10
Session 5	July 13 – July 17
Session 6	July 20 – July 24
Session 7	July 27 – July 31

COST

\$300 per session

Because of limited class space we require a non-refundable \$50 deposit applied toward tuition.

Enrollment forms and deposits will be accepted February 2 – June, 2009, or until session is full.

Special Activity Each Friday

REGISTRATION FORM

Please return this form with the non-refundable application fee of \$50 per session. Fee is applied to tuition. Please use one form per student.

Return Payment To:

Arroyo Volleyball Club
P.O. Box 91937
Pasadena, CA 91109

626.221.9335 • www.arroyovolleyball.org

Student Name: _____ Grade in Fall: _____

School Currently Attending: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone H: _____ W" _____ C: _____

Alternate Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone H: _____ W" _____ C: _____

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