

# RAM VOLLEYBALL CAMP – 2019 REGISTRATION FORM

## APPLICANT INFORMATION

Session Attending (Please Circle One):		<b>Camp 1: July 14<sup>th</sup>-17<sup>th</sup></b>		<b>Camp 2: July 18<sup>th</sup>-21<sup>st</sup></b>		
I will be attending camp as a (Please Circle One):		<b>Overnight (\$565)</b>		<b>Commuter (\$465)</b>		
I am a (Please Circle One):		<b>Returning Camper</b>		<b>New Camper</b>		
First Name:				Last Name:		
City:			State:			How did you hear about camp?
Email:						<b><i>All event communication will be sent to this email address!!!</i></b>
Payment Information:	Discount Code (if applicable):			Payment Amount:		Check #:

## SCHOOL, CLUB, & ROOMMATE INFORMATION

I will be attending camp as an (Circle One):		<b>Individual</b>			<b>Team</b>	
School (Fall 2019):				Grade (Fall 2019):		
Club Team (Winter 2019):				Age at time of camp:		
<b>Roommate Requests</b> (Not Guaranteed) (Max 3 Campers/Room)						
<b>T-Shirt Size:</b> (Included with camp registration)		<b>YL</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>
<b>Camp Sweatshirt:</b> (Optional Advanced Purchase)		Circle: <b>Crew Neck</b> (\$30) or <b>Hooded</b> (\$35)			Size: <b>YL S M L XL</b>	

## EMERGENCY CONTACT & MEDICAL INFORMATION

Parent/Legal Guardian Name:				Cell Phone:		
Primary Emergency Contact: (If different than above)				Cell Phone:		
Secondary Emergency Contact:				Cell Phone:		
Name of Insurance Company				Policy No.		
Is the camper currently taking any medications?	<b>YES</b>	<b>NO</b>	If YES, please list medication and dosage:			
Is the camper under the care of a provider for a medical and/or psychological issue?	<b>YES</b>	<b>NO</b>	If YES, please explain:			

NOTES: