



**REGISTRATION FOR EASTSIDE
ICE
SUMMER SKILLS CAMP**

August 5th-7th, 2019
9:00am-3:00pm

Tri-County Sports Complex
856 Walworth-Penfield Rd
Macedon NY 14502

Participants Name _____ Participants Age at time of camp: _____

Address : _____

Indicate which club your daughter plays for (if applicable) and school district:

TSHIRT SIZE (Youth and Adult sizes available) _____

Parents/Guardians name and phone # to contact in event of emergency _____

E-mail address (*Required): _____

Registration cost is \$140/participant

Make checks payable to: Eastside Ice Volleyball Club

* Payment due in full with registration form. No refunds will be given if requested on or after July 1, 2019.

Mail payment, registration and medical form to:

Amy Wallace/Eastside Ice Volleyball Club
3 Dovetail Lane
Fairport, NY 14450

Contact phone # 585-259-2771 / Contact email : eastsideicevolleyballclub@gmail.com

By signing this form parent/guardian agrees to assume full responsibility for any damages done to Tri-County Sports Complex by your child while camp is in session. Parent also agrees to reimburse Tri-County Sports Complex for said damages.

Eastside Ice and Tri-County Sports Complex is NOT responsible for lost or stolen items while camp is in session.

Parent signature _____ **Date:** _____

Lunch is not provided but concessions will be available for purchase.

Please indicate which camp your player is attending:

_____ **Ages 10-11 Intro to volleyball (skill building) -12 player MAX**

_____ **Ages 12-18 – more advanced play, players will be separated by skill level. Positional training, intensive focus on drills, tournament on last day.**

***You will receive acknowledgement of registration via email once received. If camp is full, you will be placed on our waiting list.



MEDICAL WAIVER

Please list any physical conditions or limitations that our coaches should be aware of (i.e. allergies, reoccurring illnesses, disabilities, chronic illnesses etc.

In the event that I can not be reached, my signature below indicates my consent to allow Eastside Ice Volleyball Club to make medical decisions for my child should an emergency need arise.

Parent Name _____

Child's Name _____

Phone Number where you can be reached during camp hours _____

Child's Physician: _____ Phone: _____

Insurance Co: _____ Subscriber Name: _____

Subscriber ID#: _____ Plan #: _____ Group#: _____

PARENT /GUARDIAN SIGNATURE _____ **Date** _____