NCAA TOURNAMENT APPEARANCES

2000-2001-2002-2003-2004

2005-2006-2007-2010-2011

SCHEDULE

9:00 - 11:15	Skill Work
11:15 -12:45	Lunch
12:00 -1:00	Swimming
1:30 - 4:00	Skill Work

MEDICAL TREATMENT AUTHORIZATION

I/We, being the parents or legal guardians of the applicant, authorize the University of Missouri and its agents permission to request emergency medical treatment or care as necessary to ensure the well being of our dependent. Further, I/We claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

_____

Signature of Parent or Guardian

Date_____

Are you or your dependents entitled to benefits under any employer, union, group plan, Blue Cross/Blue Shield, Medicare, Medicaid, or any other governmental programs? ____ Yes _____ No

If yes, complete the following:

Employer/ Sponsoring Organization:

_____

Person carrying insurance coverage:

_____

Insurance Co._____

Policy Number: _____

Address_____

City_____ State _____ Zip Code _____

2012 MISSOURI VOLLEYBALL SUMMER YOUTH CAMPS

Please mail with payment

Enrollment limited

Please check the week(s) you wish to attend:

☐ June 18- 21 ☐ June 25-28 ☐ July 23-26

☐ July 30 – Aug 2

First Name_____ Last Name_____

Address_____

City_____ State_____ Zip_____

Home Phone_____

Cell_____

E-mail (for Confirmation)_____

Parent Names_____

Circle Grade (This coming year):

3 4 5 6 7 8

Circle preferred t-shirt size

Youth	S	M	L	XL
Adult	S	M	L	XL

REFUND POLICY

Parties who wish to cancel registration will receive 100% of their entry fee if cancellation happens prior to May 31, 2012. After May 31, a doctor's notice or documentation of family emergency is needed in order to receive half of the registration fee.

Indemnification by parents or guardians of applicant

I/We the parents of

_____

hereby give my/ our approval for her participation in any and all activities of the University of Missouri Volleyball Camp(s) for which my child is enrolled. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Camp, its directors and its staff. I/We grant permission for her to participate in the Camp and acknowledge she is physically able to participate in Camp Activity.

_____

Signature of Parent or Guardian

Date_____

Cost: $160 per camper

Includes: Access to Mizzou Rec Center, camp instruction, and Mizzou VB t-shirt

Make check payable to:
Mizzou Volleyball

Send Registrations to:
Summer Volleyball Youth Camp
395 Hearnes
Columbia, MO 65211

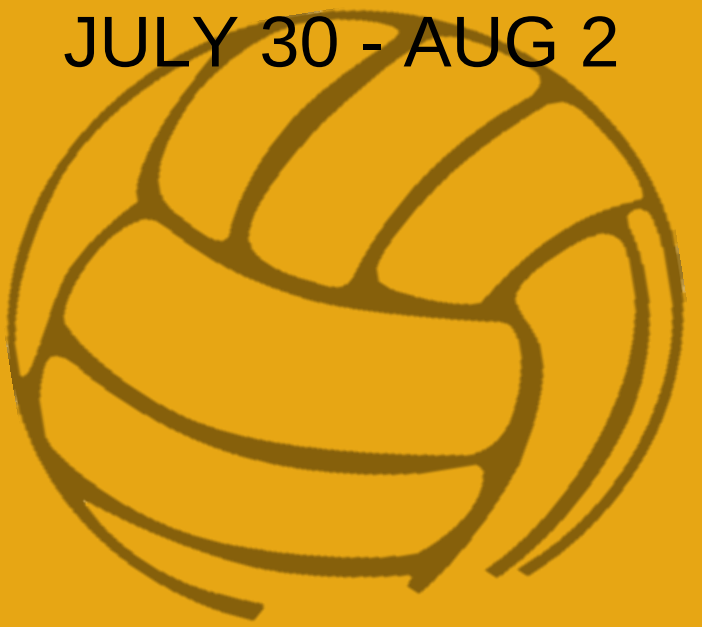
MIZZOU VOLLEYBALL YOUTH CAMPS 2012

JUNE 18-21

JUNE 25-28

JULY 23-26

JULY 30 - AUG 2



2012 MIZZOU VOLLEYBALL YOUTH CAMPS

MU VOLLEYBALL
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