

**2010 SHAMROCK VOLLEYBALL 2010**  
**SUMMER CAMPS & CLINICS REGISTRATION**

Check <input type="checkbox"/>	<b>Camp Week One:</b>	July 12	thru	July 16	2010	<b>\$185.00</b>
<input type="checkbox"/>	<b>Camp Week Two:</b>	Aug 16	thru	Aug 20	2010	<b>\$185.00</b>
<input type="checkbox"/>	<b>Attend 2 Weeks:</b>	or	<i>Family Discount Price</i>			<b>\$300.00</b>
					<i>( for 2 siblings attending same week )</i>	
<input type="checkbox"/>	<b>M/W Clinics Full Registration</b>	Up to 14	Nights			<b>\$120.00</b>
<input type="checkbox"/>	<b>M/W Clinics Partial Reg.</b>	Up to 6	Nights	Min Pre Pay		<b>\$80.00</b>
					<i>( additional Nights \$15.00 per night )</i>	
<input type="checkbox"/>	<b>Setter Training</b>	Up to 14	Nights			<b>\$65.00</b>
<input type="checkbox"/>	<b>Specific Skills Training</b>	Up to 14	Nights			<b>\$65.00</b>

**CAMP TSHIRT**                      **YM**      **YL**      **S**      **M**      **L**      **XL**      **\$0.00**  
**Circle Size**                                      **CHECKS PAYABLE to:**      **Shamrock Volleyball \$\_\_\_\_\_**

First Name _____	Address _____
Last Name _____	City _____
	State _____ Zip _____
(H) Phone _____	
(C) Phone _____	email _____
(W) Phone _____	
	D.O.B.      /      /
Current School _____	Age _____
School Fall 10 _____	Grade Entering _____

**A copy of the athletes most recent physical exam (within 1 year) must accompany registration or be presented 1st day of Camp, Clinic or Training Sessions.**

**Waiver of Liability**

Bishop Feehan H.S. and the Directors and Staff of the Shamrock Volleyball are not responsible for accidents resulting in medical, dental or other expenses. All reasonable effort will be taken to prevent injuries to the athletes. Participants are responsible for property damage and can be sent home without refund for violation of camp and school rules. I certify that the applicant is in good physical condition to take part in Shamrock Volleyball. In addition, I grant the staff of Shamrock Volleyball my permission to seek emergency medical attention for this child if, in their judgement, such attention is warranted and I am not available to grant such permission.

PARENT Signature \_\_\_\_\_                                      **Date:** \_\_\_\_\_

**Mon and Wed Night Clinics and Training Session Attendance**

Please Check Boxes below to Indicate which Nights you will **NOT be in Attendance**  
 This will help us to Schedule Additional Coaches where needed

<b>MON</b>	6/28	7/5	7/12	7/19	7/26	8/2	8/9
<b>WED</b>	6/30	7/7	7/14	7/21	7/28	8/4	8/11