



**2018 SAINT LOUIS VOLLEYBALL CAMPS
MAIL-IN REGISTRATION FORM**



PARTICIPANT INFORMATION

Name (First Last) _____

Street Address _____

City _____ State _____ Zip Code _____

Gender Female Male Birthdate _____ Grade in Fall 2018 _____

School in Fall 2018 _____

Years Playing Club _____ 2018 Club Team _____

Position (Circle) OH MB RS S DS/Libero Undecided

Shirt Size - Circle One (*Free shirt included in Individual and Libero Camps only. Adult sizes only.*)

Small Medium Large X-Large

How did you hear about our camp? Attended Last Year Email Brochure Club School

Summer at SLU Website Billiken Website Facebook/Instagram/Twitter Friend

PARENT/GUARDIAN INFORMATION

Name (First Last) _____

Parent Email (Required)* _____

**Required - All confirmation information will be sent to this address*

Phone: _____ Home Cell Work

Parent/Guardian Address Same as Participant Address? Yes (Skip to next Section) No

Street Address _____

City _____ State _____ Zip Code _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1

Emergency Contact #2

Name (First Last) _____

Relation to Participant _____

Preferred Phone _____

Alternate Phone _____

BILLING INFORMATION

Billing Information Same as Parent Information? Yes (Skip to next Section) No

Name (First Last) _____

Street Address _____

City _____ State _____ Zip Code _____

Billing Email _____



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IMPORTANT REMINDERS

- Camps are filled on a first-come first-serve basis.
- Registration 2 weeks prior to the start of each camp is highly recommended.
- To complete registration, submit completed (1) SLVC Mail-In Registration Form including payment, (2) SLVC Release and Waiver of Liability Form, and (3) SLVC Medical Information Form to:

**Saint Louis Volleyball Camp
P.O. Box 220271
St. Louis, Missouri 63122**
- Contact Us -- Phone: 314-394-1110 -- Email: info@saintlouisvolleyballcamp.com
- **REFUND POLICY:** Refunds, minus a cancellation fee for EACH cancelled camp or clinic (\$40 for Serve It Over and \$50 for all other camps), will be given until 2 weeks prior to the start of camp. Within 2 weeks, refunds will only be given for medical reasons. Written verification from a physician will be required for such cases. If no request for cancellation is made prior to this 2 week period, no refund will be awarded. Also, no refund will be given after the start of camp. By submitting this registration form you acknowledge the terms and conditions of the Refund Policy.

FOR OFFICIAL USE ONLY

Received _____ Entered _____ By _____