

**Ridgewood Club of Chapel Hill  
Volleyball Camps 2010 Registration Form**

Please check the camp for which you are registering and mail directly with complete payment:

Tom Krakow  
Ridgewood Volleyball Camps  
706 Emory Drive  
Chapel Hill, NC 27517

Non-pool member fee is \$85.  
Pool member fee is \$65.

<b>Date</b>	<b>Name of Camp</b>	<b>Please Check</b>
June 21-25	Introduction to Volleyball	
August 16-20	Middle School Volleyball	

Child's name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Camper t-shirt size: Youth M L XL Adult M L XL

Parents name(s) & address(es): \_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Day time phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate if someone other than you will be picking up your child:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Ridgewood Club of Chapel Hill  
Release of Liability and Consent for Medical Treatment**

Child's Full Name: \_\_\_\_\_

Physician's Name, Address, Telephone: \_\_\_\_\_

\_\_\_\_\_

Dentist's Name and Telephone: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

Any medications: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Is there any additional medical information we should know about your child? \_\_\_\_\_

\_\_\_\_\_

Insurance Company and Policy Number: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

I, the undersigned, do voluntarily agree to release and hold harmless the Ridgewood Club of Chapel Hill, Inc, and its Summer Camp Sponsors and Counselors from any claim, demand, cause of action for injury to the above named participant(s) which arises out of or is any way connected to the Ridgewood Summer Camp programs and any travel in connection with such programs. Ridgewood Club of Chapel Hill, Inc and its Summer Camp Sponsors and Counselors will not be responsible in case of accident, illness or property damage.

I acknowledge that my child's experience in the Summer Camp program at Ridgewood Club of Chapel Hill, Inc will be outdoors, often in direct sun with minimal shade, and around wooded areas. I understand there is a chance of my child coming into contact with the following hazards including (but not limited to): ticks, chiggers, poison ivy/oak, and bees. I further acknowledge that the Summer Camp Sponsors and Counselors are not responsible for any bug bites, sunburns or possible illnesses that may result from my child participating in the outdoor activities. My signature below authorizes the Summer Camp Sponsor to request emergency treatment for my child if the situation warrants and I am unable to be contacted. I hereby assume responsibility of payment for such treatment. I agree that the foregoing Release of Liability applies to persons or entities rendering emergency medical treatment.

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date