



## Summer Camp 2009

### REGISTRATION FORM:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ BirthDate: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check: (\$195 PER camp)

\_\_\_\_\_ June 15-18 \_\_\_\_\_ July 6 -9 \_\_\_\_\_ July 20-23 \_\_\_\_\_ August 3-6

#### PARENTS' RELEASE AND INDEMNITY AGREEMENT:

We/I hereby request that you accept my daughter's/son's application for enrollment in SDBVT's 2009 Summer camps. In consideration of SDBVT's acceptance, we/I hereby agree to release, indemnify and hold harmless SDBVT, its agents, employees, representatives or assigns, the coaching and training staff, from all claims resulting from any injury sustained by my child while participating in the Program. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Parent/Guardian Name: \_\_\_\_\_

(Please Print)

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

Emergency Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_



PLEASE MAKE CHECKS PAYABLE TO SAID SOUIKANE. SEND REGISTRATION AND PAYMENT TO:

Said Souikane  
9959 Erma Rd, #107  
San Diego, CA 92131

AMOUNT ENCLOSED: \_\_\_\_\_



San Diego  
Beach Volleyball  
Training