



San Diego Beach Volleyball Training



Taking Beach Volleyball to the Extreme

Summer Camp 2011

REGISTRATION FORM:

Name: _____ Age: _____ BirthDate: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please check: (\$195 PER camp)

_____ June 20-23 _____ July 5 -8 _____ July 11-14 _____ August 1-4

All sessions times: 8:30am-11:30am

PARENTS' RELEASE AND INDEMNITY AGREEMENT:

We/I hereby request that you accept my daughter's/son's application for enrollment in SDBVT's 2011 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: _____



For more information check online at SDBeachVolleyball.com or contact Said at 858-735-4780, or email sandiegobeachvolleyball@yahoo.com