



2007 Camp Registration Form

*All deposits are non-refundable. Checks made payable to Kerry Messersmith

<input type="checkbox"/> Youth Skills Day Camp (Grades 3-9) June 12-14 9 am-3pm \$150 *\$75 Deposit Due by June 1	<input type="checkbox"/> Positions Day Camp (9-12) July 14 8:30 am- 5pm \$80	<input type="checkbox"/> Middle School Team Camp (6-8) July 19-21 9am- 5pm \$175 *\$75 Deposit Due by July 1
<input type="checkbox"/> Individual Skills Camp (5-12) July 12-14 9 am- 9pm \$200-Commuters \$250- Residents *\$100 Deposit Due by July 1	<input type="checkbox"/> High School Team Camp (9-12) July 15-18 9 am- 9pm \$25-Commuters \$275-Residents *\$100 Deposit Due by July 1	

If Attending TEAM CAMP, indicate what School team you will be participating with:

Please complete the registration and medical information below. You may duplicate form as needed. Mail along with your deposit/payment to: **Kerry Messersmith, UAB Volleyball, 1530 3rd AVE S, Birmingham, AL 35294**

Name: _____ DOB: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Parent Name: _____
 Parent Cell or Work Contact Phone: _____
 2007-2008 Grade: _____ School: _____
 Volleyball Coach: _____
 Roommate Preference: _____
 Shirt Size (adult) S M L XL Email Contact: _____

Release for Medical Treatment

Camper WILL NOT be accepted until insurance information is provided.

Date of last Physical: _____ Allergies: _____
 Any Conditions that Physician's should be aware of? _____
 List Current Medications _____
 Emergency Contact Name _____ Numbers (h) _____ (alt) _____

I, the undersigned parent or guardian, do hereby authorize the athletic trainer or coaches of the Kerry Messersmith Volleyball Camps to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to administer appropriate medical attention, which he/she may deem necessary, in the event of any accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. It is understood that, in any event, an attempt will be made to contact the parent/guardian before treatment is started. I release, waive, discharge the University of Alabama at Birmingham, its employees, officers, agents, and Kerry Messersmith's Camps from any and all liability claims resulting from loss, injuries, illness and other damage including death which may be sustained by my child during the duration of the Camp. To the best of my knowledge my child is in good physical condition and I am not aware of any physical infirmity, which would place my child at risk while participating. I also understand that the camper is responsible for all personal belongings and equipment. UAB will not replace or reimburse lost or stolen items. Further, I grant full permission to all staff members associated with the Camps to use any photographs, videotapes or any other record of this event involving the applicant for any purpose whatsoever.

(Parent) Signed: _____
 Insurance Company/Number: _____ Policy Number: _____