



Kristen Bauer
Volleyball TEAM CAMP
at COASTAL CAROLINA



DATES: July 10th – 12th 2008 Resident Tuition: \$ 300.00 (before June 1st)

Tuition includes housing, meals (except lunch on July 12th), facility fees, insurance, staff, and a t-shirt. The following application and \$100 deposit per player should be sent ALL TOGETHER from the coach. The coach will be free with 9 players or more per team. Registration will be on July 10th from 10 am – 11:30 am at the Williams Brice gymnasium. Tournament play will conclude at 5pm on the 12th. Please complete the application below.

Name _____ High School _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____ Phone _____

Emergency contact _____ cell # _____ w # _____

E-mail _____

Graduation Year _____ Ht. _____ Position _____

Camp T-shirt Size S M L XL

Insurance Information

Company _____ Policy # _____

Address _____ Phone # _____

Consent of Medical Treatment

I voluntarily agree to allow _____ (child's name) to participate in this activity and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or part, by the negligence of Coastal Carolina University with the exception of willful or gross negligence. I hereby authorize the Kristen Bauer and her coaching and training staff, or other persons responsible for my minor child(ren)'s care to act on my behalf, according to their best judgement, for said minor in any emergency requiring medical attention and I hereby waive and release the camp, camp director, the instructors and Coastal Carolina University of all liability for any illness or injuries incurred while at, or in transit to and from the camp.

Parent/Guardian signature _____ Date _____

Physicians Approval

I certify that I have examined _____ (Player's name) and found her physically fit to attend and participate in volleyball camp. I do not know of any impairment that would limit her participation in any activities.

Physician's Signature _____ Date _____

Send applications and deposits to:

Kristen Bauer Volleyball Camp, Coastal Carolina University, 132 Chanticleer Drive West, Conway, SC 29526