



San Diego Beach Volleyball Training



Taking Beach Volleyball to the Extreme

Spring Camp 2009

REGISTRATION FORM:

Name: _____ Age: _____ BirthDate: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please check: (\$35 PER camp, \$295 for all 10 camps)

_____ Mar 29 _____ April 11,19,26 _____ May 3, 16, 17, 30, 31 _____ June 13

PARENTS' RELEASE AND INDEMNITY AGREEMENT:

We/I hereby request that you accept my daughter's/son's application for enrollment in SDBVT's 2008 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
3456 Castle Glen Drive, #281
San Diego, CA 92123

AMOUNT ENCLOSED: _____



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