

# 2017 Top Gun Summer Volleyball Camp Registration

To be completed and signed by parent/guardian. Please print legibly.  
Send completed form with payment to: Top Gun VBC, 5494 Sharp Dr. Howell, MI 48843

Circle Camp(s) registering for:

- All Skills Camp – 7/10-13; \$100\*      Advanced Skills Camp – 7/31-8/3; \$100\*      High School Tune Up 8/7; \$50  
High School Tune Up 8/8; \$50      Last Chance Camp – 8/21-24; \$100\*      Young Stars Youth Camp – 8/21-24; \$75\*

\*Please add \$20.00 late fee for all registrations postmarked less than 14 days prior to actual camp start

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade Entering Fall 2017 \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address (to be used for confirmation) \_\_\_\_\_

### Medical Information:

Any known allergies: \_\_\_\_\_

Any medical conditions that we should be aware of: \_\_\_\_\_

Medications my daughter is currently on: \_\_\_\_\_

Name of drug(s), dosage and frequency: \_\_\_\_\_

My daughter wears contact lenses: (circle one)      Yes      No

My daughter wears removable orthodontic devices:      Yes      No

My daughter carries and uses an inhaler to alleviate asthmatic symptoms: Yes      No

My daughter is covered under my/our medical insurance.      Yes      No

Insurance Information: Insurance Co. \_\_\_\_\_ Insurance Co. Phone (\_\_\_\_) \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Group/Policy # \_\_\_\_\_

I verify that my daughter, \_\_\_\_\_, is in good physical health and has my permission to participate in the Top Gun VBC Summer Volleyball Camps. In the event of an emergency, I hereby authorize the Top Gun VBC staff to act on my behalf to secure any and all medical attention necessary for the health of my daughter until such time that I may be contacted. I also hereby assume responsibility for any and all payment of such treatment.

I recognize there are risks involved with my daughter's participation in this camp and I hereby release the Top Gun VBC, their staff and associates, along with Howell Public Schools, Brighton Area Schools, their staff and associates of any and all liability in the event of any illness or injury arising out of or related to traveling to and from or during participation in any and all activities in and around the Top Gun VBC Summer Camps.

### In Case of Emergency, Contact:

\_\_\_\_\_  
Name      Relationship      Phone      Phone

### Parent Signature

### Date Signed

(Detach for your records)

- July 10–13, 2017, General Skills Camp, 5<sup>th</sup> – 8<sup>th</sup> grade, 12:30 – 3:00pm, \$100.00\* - HFC
- July 31-August 3, 2017, Advanced Skills Camp, 9<sup>th</sup> – 12<sup>th</sup> grade, 9:30am – 12:00n, \$100.00\* - HFC
- July 31-August 3, 2017, Advanced Skills Camp, 7<sup>th</sup> – 8<sup>th</sup> grade, 12:30pm – 3:00pm, \$100.00\* - HFC
- August 7, 2017, High School Tune Up, 9<sup>th</sup> – 12<sup>th</sup> grade, 9:30am – 3:00pm, \$50.00\* - BHS
- August 8, 2017, High School Tune Up, 9<sup>th</sup> – 12<sup>th</sup> grade, 9:30am – 3:00pm, \$50.00\* - BHS
- August 21-24, 2017, Last Chance Camp, 7<sup>th</sup> – 8<sup>th</sup> grade, 9:30 – 12:00n, \$100.00 - BHS
- August 21-24, 2017, Young Stars Youth Camp, 4<sup>th</sup> – 6<sup>th</sup> grade, 12:30 – 2:30pm, \$75.00\* - BHS

HFC – Howell Freshman Campus 1400 W. Grand River, Howell 48843  
BHS – Brighton High School Field House – 7878 Brighton Road, Brighton 48116