

2025 Top Gun Volleyball Camp Registration Form

Registration must be postmarked less than seven (7) days prior to the actual camp start date to avoid late fee.
Mail form and payment to Top Gun VBC, 5494 Sharp Dr. Howell, 48843.

Name _____ Date of Birth ____/____/____ Age _____

Address _____ City _____ Zip _____

School _____ Grade Entering Fall **2025** _____

Parent's Names _____

Cell Phone Mom: (____) _____ Cell Phone Dad: (____) _____

Email Address (to be used for confirmation) _____

Please check which camp(s) you are registering for::

- ☐ **July 7- 10, 2025:** Individual Skills Camp 5th-8th grade 12:30 - 2:30p \$125.00/\$150.00*
- ☐ **July 21 - 23, 2025:** Advanced Skills Camp 9th - 12th grade 1:30 - 3:30p \$110.00/\$125.00*
- ☐ **July 21 - 23, 2025:** Advanced Skills Camp 7th - 8th grade 3:30 - 5:30p \$110.00/\$125.00*
- ☐ **August 5, 2025::** High School Tune Up Camp 9th - 12th grade 9:30a – 3:00p \$75.00/\$90.00*
- ☐ **August 6, 2025:** Targeted Skills Camp: Pass, Set, Serve 9th – 12th grade 9:30a – 12:30p \$45.00/\$60.00*
- ☐ **August 6, 2025:** Targeted Skills Camp: Hit, Block, Dig 9th – 12th grade 1:00 – 4:00p \$45.00/\$60.00*
- ☐ **August 7, 2025:** High School Tune Up Camp II 9th - 12th grade 9:30a – 3:00p \$75.00/\$90.00*
- ☐ **August 11 - 14, 2025:** Young Stars Youth Camp 4th - 6th grade 10:00 - 11:30a \$90.00/\$115.00*
- ☐ **August 11 - 14, 2025:** Last Chance Camp 7th - 8th grade 12:00n – 2:00p \$125.00/\$150.00*

All camps will be held at the **Howell Freshman Campus**, 1400 W. Grand River. Howell, MI 48843.

Medical Information / Permission:

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, 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 and Clinics.

Parent Signature

Date Signed

*Camp cost if registration is less than seven (7) days prior to the actual camp start date. For late registration (less than seven (7) days prior to camp, email topgunjen@yahoo.com with Name of Athlete, Grade, School and Camp Desired. Late adds must bring registration form and payment with late fee to the first day of camp. Walk ups are not guaranteed entry.