



VOLLEYBALL CAMP JULY REGISTRATION

Player Name: _____ Shirt Size: _____

Player Division: (11/12,13/14,15/16,17/18): _____

Parent Number: _____

Parent Email: _____

PARENT RELEASE AND IDEMUNITY AGREEMENT

WE/I HEREBY REQUEST THAT YOU ACCEPT THIS APPLICATION FOR ENROLLMENT OF
(PARTICIPANTS NAME): _____

THE 2018 OCU VOLLEYBALL CAMP DURING THE DATES SET FORTH IN THE APPLICATION AND IN
CONSIDERATION OF YOUR ACCEPTANCE OF THE APPLICATION WE/I HEREBY RELEASE THE SANTIAGO
VOLLEYBALL CAMPS AND ALL OTHER EMPLOYEES AND AGENTS FROM ALL CLAIMS ON THE ACCOUNT OF
ANY INJURY WHICH MAY BE SUSTAINED BY OUR CHILD WHILE ATTENDING THE 2018 OCU VOLLEYBALL
CAMPS, AND ITS EMPLOYEES FOR ANY CLAIM WHICH MAY HEREAFTER BE PRESENTED BY OUR CHILD AS A
RESULT OF SUCH INJURIES. PARENT/LEGAL GUARDIAN SIGNATURE: _____

Elite Camp 9th-12th Grade, July 13TH- 15TH, \$150/ \$125 cash: _____

(First Session 9 a.m.-noon, Second Session 1:30-4:00 p.m.)

Specialty Evening Sessions Ages 8-18, July 13th-15th, \$45 each/\$40 cash: _____

(July 13th - Hitting, July 14th - Blocking, July 15th -Setting, Sessions 6-9:00 p.m.)

Elite Camp 4th-8th Grade, July 20th-22nd, \$150/\$125 cash: _____

(First Session 9a.m.-noon, Second Session 1:30-4:00 p.m.)

Camps will be held at Oklahoma City University at the Abe Lemons
Arena. Once registration and payment has been received, email
confirmation will be sent to the email provided above.

Please make checks payable to Santiago Restrepo.

Mailing Address: 13928 Choctaw Hills Rd, Newalla, OK 74857

Contact Info: cmcglasson@okcu.edu 405-410-9459