## Intensity Volleyball Training Summer 2024 Camp Registration Form Dates — August 19-23, 2024

Location — Saville Community Sports Centre 11610 — 65 Ave NW, Edmonton Camp Options (Please X only one box). More info on the camps at www.intensityvolleyballtraining.com.

	Boys	Girls
One-on-One — 8:30am — 9:30am Age 13 — 18		
Indicate how many sessions you would like		
Half-Day Morning 9:30am — 12:30pm		
Age 11 — 15 Intro to Volleyball		
Half-Day Morning - 9:30am — 12:30pm Age 13 — 15		FULL
Half-Day Morning - 9:30am — 12:30pm Age 15-18		FULL
(min 1 yr experience recommended)		
Half-Day Afternoon — 1:30pm — 4:30pm		
Age 11 — 15 Intro to Volleyball		
Half-Day Afternoon - 1:30pm — 4:30pm Age 13 — 15		FULL
Half-Day Afternoon - 1:30pm — 4:30pm Age 15 — 18		FULL
(min 1 yr experience recommended)		
Full Day Intensity Camps - 9:30am — 4:30pm		FULL
Age 13-15 (min 1 yr experience recommended)		
Full Day Intensity Camps - 9:30am — 4:30pm		FULL
Age $15-18$ (min 2 yrs experience recommended)		

Player Name:	Date of Birth:				
Address:		City:	Province:		
Postal Code:	Phone Number:		Email:		
Previous Volleyball Experience (Please consult our website for applicable camp prerequisites):					
Parent/Guardian Name:		Phone Number:			
Parent/Guardian Name:		Phone Number:	<u> </u>		
Emergency Contact Name:		Phone Number:	<u> </u>		
T-Shirt Size Requested (Adult size	res):				
How did you hear about us?	•				
Friend Requests:					
Half-Day Camps \$3	75 plus GST (\$393.75) -on-One Session \$90 plu	, ,	. ,		

Payment to be sent to info@intensityvolleyballtraining.com with the password "Intensity".

Cancellation Policy — A \$50 non-refundable charge will apply to all cancellations prior to August 6, 2024. Cancellations on and after August 6, 2024 will have no refund exceptions to emergency circumstances. Injury or illness mid-camp will not result in a refund.



## Intensity Volleyball Training Release Form

Office Use Only		
Date Rec'd:		
W:		
PA:		
PR:		

Player Name:	Date of Birth:			
Allergies:				
Require the Use of an Epipen?	·			
Medications Currently Taking:				
Medical Conditions:				
I hereby declare that I am participating in the Intensity Volleyball Training Camp with knowledge and consent from my family doctor:				
Parent/Guardian Signature:	Date:			
I give permission to Intensity Volleyball Training to use my photos/videos on social media and website.				
Parent/Guardian Signature:	Date:			
Parent Acknowledgement: Intensity Volleyball Training is a training camp that strives to improve athletes from a diverse background of skill and ability levels. Our organizers do their best to group similar skill levels together and we will move players to other training groups at the coaches discretion and not by request. Friend requests can be accommodated as long as the overall group size and ability level is not adversely affected.				
Parent/Guardian Initials:	Date:			