

Intensity Volleyball Training Summer 2025 Camp Registration Form

Dates – August 18-22, 2025

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 – 13 Intro to Volleyball		
Half-Day Morning - 9:30am – 12:30pm Age 13 – 15 (min 1 yr experience)		
Half-Day Morning - 9:30am – 12:30pm Age 15-18 (min 2 yrs experience)		
Half-Day Afternoon - 1:30pm – 4:30pm Age 13 – 15 (min 1 yr experience)		
Half-Day Afternoon - 1:30pm – 4:30pm Age 15 – 18 (min 2 yrs experience)		
Full Day Intensity Camps - 9:30am – 4:30pm Age 13-15 (min 1 yr experience)		
Full Day Intensity Camps - 9:30am – 4:30pm Age 15 – 18 (min 2 yrs experience)		

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: _____

Emergency Contact Name: _____ Phone Number: _____

T-Shirt Size Requested (Adult sizes): _____

How did you hear about us? _____

Friend Requests: _____

Half-Day Camps \$375 plus GST (\$393.75) Full-Day Camps \$700 plus GST (\$735.00)

One-on-One Session \$90 plus GST (\$94.50) each session

Payment to be sent to ivtyeg@gmail.com with the password "Intensity".

Cancellation Policy – A \$50 non-refundable charge will apply to all cancellations prior to August 6, 2025. Cancellations on and after August 6, 2025 will have no refund exceptions to emergency circumstances. Injury or illness mid-camp will not result in a refund.

Please email your completed forms to ivtyeg@gmail.com



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? _____ (If Yes, you must supply one during the camp)

Medications Currently Taking: _____

Medical Conditions: _____

I hereby declare that the athlete listed on this form is physically and medically fit to participate in the Intensity Volleyball Training Camp.

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: _____

Please email your completed forms to ivtyeg@gmail.com