

# MEDICAL RELEASE

\_\_\_\_\_  
Name of Camp Participant

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Name of Policy Holder

\_\_\_\_\_  
Policy Number

I verify that my student athlete has been checked by a licensed physician and is physically able to participate in the Pride Volleyball Camp. I hereby agree and promise that I will not hold Pride Volleyball Camp nor its employees responsible for any loss, damages or personal injury received as a result of participation. I hereby authorize the directors of the Pride Volleyball Camp to act for my child according to their best judgment in an emergency requiring medical attention. I agree to allow my child to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume costs related to such treatment. I waive and release any and all rights and claims for damages I have against Pride Volleyball Camp or its representatives for damages which may be sustained by me while at or traveling to and from camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Mountain Pointe**

**Pride**

**Girls'**



**Volleyball  
Camp**

2009

**Home of the Pride**

# **V** Pride Volleyball Camp Staff

MOUNTAIN POINTE HEAD  
GIRLS' & BOYS' VARSITY COACH

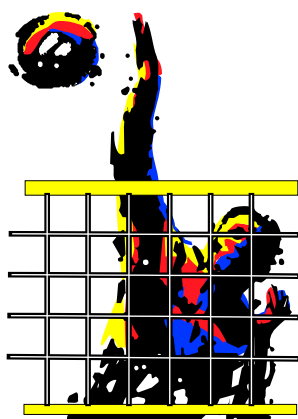
**Fred Mann**

U OF A PLAYER

**Drew Manusharow**

PEPPERDINE STAR

**Brian Wagner**



## **For Grades 7-12**

Improve your game, meet  
new people, and have FUN!

Dates: Monday – Friday  
August 3rd – August 7th

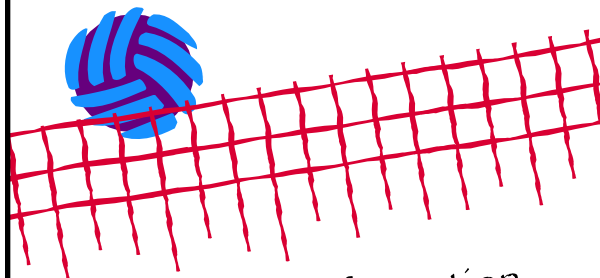
Time: 3:00 – 6:00 PM

Place: Mt. Pointe High School  
Gymnasium

Cost: \$95 if registered by July 21<sup>st</sup>  
\$100 after July 21<sup>st</sup>

Space is limited ~ Register now!

Camp is designed to teach fundamentals  
and teamwork as well as an enjoyment  
and respect for the sport of volleyball.



For more information,  
contact Coach Mann  
at (480) 893-8521 or  
fmann@tuhsd.k12.az.us.

## PRIDE GIRLS' VOLLEYBALL CAMP Registration Form

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Work Phone # \_\_\_\_\_

Parent/Guardian E-mail Address \_\_\_\_\_

T-shirt size:

S    M    L    XL    XXL

Send payment and registration form to:

Fred Mann  
2198 E. Glacier Place  
Chandler, AZ 85249

Make checks payable to Fred Mann.