



GAME-READY INTENTIONAL TRAINING  
AT BERRY COLLEGE

# Satellite Camp 2023

## Individual Player Enrollment Form

Camper's Name \_\_\_\_\_

School Team Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade (Fall 2023) \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_  
\_\_\_\_\_

Camper's T-Shirt Size (circle):      S      M      L      XL      2XL

### ***HEALTH AND GENERAL HISTORY***

Any restrictions from activity? \_\_\_\_\_

Any medications that need to be taken during camp? \_\_\_\_\_

List any known allergies \_\_\_\_\_

### ***HEALTH INSURANCE INFORMATION***

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Holder's DOB \_\_\_\_\_

### ***WAIVER OF LIABILITY***

Applying for acceptance of my child to the GRIT Volleyball camp or clinic, I, intending to be legally bound hereby for myself, my heirs, executors, and administrators, wavier and release any and all rights and claims for damages I may have against the GRIT Volleyball camp or clinic, Berry College, Inc., their representatives, agents or assigns for an and all damages and injuries which may be sustained by me or my child in association with this camp/clinic. Also, I hereby authorize the director of GRIT Volleyball camps and clinics to act for me according to his best judgment in any emergency requiring medical attention. My child has had a recent physical examination and is physically able to participate in athletic activities, including volleyball. I further understand that GRIT Volleyball retains the right to use photographs of campers taken at camp for future GRIT Volleyball Camp Promotion.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date