

## Application

Name of Camper \_\_\_\_\_

Address \_\_\_\_\_

City/State/  
Zip \_\_\_\_\_

Email  
Address \_\_\_\_\_

Roommate \_\_\_\_\_

Preference: \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Free Camp T-shirt size: Youth S/M \_\_\_\_\_ Youth M/L \_\_\_\_\_  
Adult Small \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_ Adult XL \_\_\_\_\_

Grade as of Fall 2009 \_\_\_\_\_

Position \_\_\_\_\_

Name of School for Team  
Camp \_\_\_\_\_

Who may pick your child up from camp?  
\_\_\_\_\_

**For each camp attending, please circle the camp and fee:**

Camp Session	Ages	Resident Fee	Commuter Fee
Beach Camp May 23-24	Girls Ages 14-18		\$ 40
Youth Day Camp July 6-10	Boys & Girls Ages 6-11		\$40/day or \$175/week
Youth Day Camp Extended Care	Boys & Girls Ages 6-11		\$50/day or \$225/week
Skills Camp July 18-20	Girls Ages 12-18	\$350*	\$285*
Team Camp July 22-24	Girls Ages 14-18	\$350*	\$285*
Team Tournament July 25	Girls Ages 14-18	\$325 per team	
Positional Camp July 26-27	Girls Ages 12-18		\$ 110
*Tuition includes a volleyball, t-shirt, bag and 2009 Gamecock Season Tickets			

There is a \$100 non-refundable deposit due for each camp. A complete registration form is necessary for each camper and must be accompanied by a camp waiver (see reverse side). You will receive a confirmation letter after we have received a completed application

**Send Applications to:**

**The Somera's South Carolina Volleyball Camp  
Carolina Coliseum—VB Complex  
1051 Blossom Street • Columbia, SC 29208  
Phone: (803) 777-0755 Fax: (803) 777-5590  
Email: shannon@someraspportscamps.com**

For Office Use Only
Deposit \$ _____
Date _____
CK# _____
Balance Due \$ _____

## Camp Waiver

This form must be completed prior to camp participation.

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

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Guardian's  
Name \_\_\_\_\_

Relation-  
ship \_\_\_\_\_

Allergic reactions (drugs, food, asthma) \_\_\_ No \_\_\_ Yes  
if yes, please

list: \_\_\_\_\_  
\_\_\_\_\_

*A professional staff of trainers is available 24 hours a day during camp. Each camper must have her medical statement completed by a parent/guardian. The statement must be received before the camper can participate in camp activities.*

Parent's Home Phone \_\_\_\_\_

Parent's Alternate Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

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

Policy No. \_\_\_\_\_

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

I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the Somera Sports Camps, L.L.C. to seek during the period of the Camp appropriate medical attention and for the camper to receive medical attention and treatment, except for that covered by the camp's excess medical coverage policy.

I/We, the undersigned, hereby acknowledge and understand that the South Carolina Volleyball Camps are privately run sports camps and are not operated by or through the University of South Carolina, but rather is under the sole sponsorship, control and supervision of the camp administrator, Somera Sports Camps, L.L.C..

I/We, the undersigned, for ourselves, our heirs, executors and administrator, waive, release and forever discharge the University of South Carolina and the Somera Sports Camps, L.L.C., and staff, officers, agents, employees, representatives, successors and assign from any and all liability claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in camp activities or while at camp. I certify that my child has never had to register under Article 7, Sex Offender Registry.

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

Date \_\_\_\_\_