

# BELLEVUE UNIVERSITY VOLLEYBALL CAMP / LOCK-IN!

## Lil Bruins Lock In (5<sup>th</sup> & 6<sup>th</sup> Grade ONLY)

Friday April 30 – Saturday May 1  
Fee: \$60 (Includes Tshirt, meals)

- Check in: 7:30pm (4/30)
- Check out: 8:30am (5/1)

This camp is geared toward teaching the basic fundamentals of each skill to beginning level players and being part of a fun team atmosphere. There will be drills, games, tournaments for all players to enjoy. We also will include team activities throughout the night. Bring your volleyball gear, pj's and a sleeping bag for loads of fun with the BRUINS!





## 2010 CAMP APPLICATION

(PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_

Grade (Fall of 2010): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Parents: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

\*Email: \_\_\_\_\_

\*Confirmation letter will be sent via email

(Parent email preferred)

### PAYMENT INFORMATION

Please mail payment and camp application with parental consent form to:

Bellevue University Volleyball  
Attn: Trish Siedlik  
1000 Galvin Road  
Bellevue, NE 68005  
402.557.7056—office phone

## PARENTAL CONSENT FORM

(PLEASE PRINT CLEARLY)

I, the undersigned, as the parent or legal guardian of a minor child, \_\_\_\_\_ hereby acknowledge that the aforementioned child is covered by medical insurance as follows:

It is further understood that the Bruin Volleyball Camp does not provide medical insurance for this camp. The undersigned hereby releases Bellevue University and its staff from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from participation by the aforementioned child in the Bruin Volleyball Camp.

\_\_\_\_\_  
Signature of the parent/Guardian

\_\_\_\_\_  
Date

Please provide the following information about the enrolled camper:

\_\_\_\_\_  
Allergic Reactions

\_\_\_\_\_  
Present Medications

\_\_\_\_\_  
Past Injuries, Illnesses or other Information

*IN CASE OF EMERGENCY:*

Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

Policy Holder: \_\_\_\_\_

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