

**2019 Tony Graystone Volleyball Camp  
Registration Form**

**Participant Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Alternate E-mail \_\_\_\_\_  
T-shirt Size \_\_\_\_\_ Roommate Preference \_\_\_\_\_ Position \_\_\_\_\_  
School \_\_\_\_\_  
Camp (circle) : Team Camp    High School Camp    Middle School Camp 1    Middle School Camp 2  
Type of Camper \_\_\_\_\_

**Parent Information**

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Information  
Insurance Company \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_  
Group/Policy # \_\_\_\_\_ Policy Holder Name \_\_\_\_\_  
Family Physician / Office Phone # \_\_\_\_\_  
Date of last medical examination by licensed physician \_\_\_\_\_  
Date of Last Immunizations \_\_\_\_\_  
Allergies / Food Allergies, Identify \_\_\_\_\_  
If taking regular medication, give name(s)  
of medication and direction for dosage \_\_\_\_\_  
Please list below if subject to (Fainting, Nosebleeds, Headaches, Other) \_\_\_\_\_  
If necessary administer (Aspirin and/or Tylenol)-How much & how often? \_\_\_\_\_  
Glasses or Contact \_\_\_\_\_ Braces or Retainer \_\_\_\_\_

**Event Waiver**

PARENT APPROVAL FOR MEDIA COVERAGE PARTICIPATION  
I hereby give permission : \_\_\_\_\_

**Event Refund Policy**

Cancellation prior to June 1<sup>st</sup> will receive a 90% refund  
Cancellation between June 1-June 30 will receive 75% refund  
Cancellation after July 1 will not be refunded

I understand and accept all event refund policies.

Name (or Name of Parent/Guardian if participant is a minor) \_\_\_\_\_

Date \_\_\_\_\_

**Medical Conditions/Special Instructions**

Please list any medical conditions or special instructions the Event Administrators should be aware of for the participants:

**Emergency Contac**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_