

**APPLICATION
SPRINGFIELD VOLLEYBALL SCHOOL**

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Email Address _____

High School _____

Grade (next fall) _____ **Age** _____ **Ht.** _____ **Wt.** _____

Experience: ___ **Var** ___ **JV** ___ **Club** ___ **Beginner**

Club Team: _____

Positions Played: **SETTER** **OUTSIDE HITTER**

(circle) **MIDDLE HITTER** **DEFENSIVE SPECIALIST**

T-Shirt Size: **L** or **XL**

(circle one)

I will attend **OVERNIGHT** or as a **COMMUTER**

(circle one)

ROOMMATE PREFERENCE:

A non-refundable Deposit (\$100) required with application. Make all checks payable to: Springfield Boys' Volleyball School and mail to

**Charlie Sullivan
122 Argyle Ave.
W. Hartford, CT 06107**

Please Enroll _____

(camper's name)

The above named participant has my permission to participate in the Springfield Boys' Volleyball School. In case of emergency, I understand every attempt will be made to contact the person(s) below.

NAME

PHONE #

If you are unable to contact one of these people, I give my permission to the attending physician to render medical treatment to the participant, including hospitalization (if necessary). Any expenses incurred from illness or injury is the responsibility of the person signing below.

Print Name _____

Signature _____

Date _____

Insurance Company _____

Policy Number _____

Any violation or abuse of rules & regulations of this camp can result in prompt dismissal without refund.

This camp must comply with the regulations of the MA Dept. of Health and be licensed by local board of health.