



Registration Form

Summer Beach Volleyball Camp

Kanaha Beach Park, Kahului

Co-Sponsored by
the County of Maui
Community Classes

PROGRAM DETAILS				
<ul style="list-style-type: none"> There's an extra week (8) of summer this year All practices & tourneys will be at Kanaha Players will learn 2-man beach volleyball, with a focus on competitive reps. Drink plenty of water before and after practice Bring Sunscreen, water & snack to practice; sand socks are optional. Light Rain will be tolerated; heavy Rain/Wind will cancel. It is your responsibility to find out if there is practice. Contact Info: 298-9623 info@alohavolleyball.com 	<i>Elementary</i>	<i>Middle</i>	<i>High School</i>	
	Start/End Date	6/8 – 7/30	6/7 – 7/30	6/7 – 7/31
	Practice Times	T/Th 8 – 11	M/W 8 – 11	MTTh 11 – 2
	Tourney Times	Friday 8 – 11	Friday 11 – 3	Saturday 8 – 2
	Cost	\$250 \$275 after 5/24	\$285 \$310 after 5/24	\$285 \$310 after 5/24
TO REGISTER:				
<ol style="list-style-type: none"> 2. Enroll in the <u>AVP Nation</u> at www.avp.com (\$10 fee) 3. Send below form & payment to: <div style="text-align: center; margin-top: 5px;"> Aloha Volleyball POB 880554, Pukalani, HI 96768 </div> 				

(Cut here – keep top half for information)

Player Info	Name:	Division: ___ Elementary ___ Middle School ___ High School	Tee Size: (circle one) Youth: S M L Adult: S M L XL XXL
AVP Nation	<input type="checkbox"/> I have registered for AVP Nation at AVP.com (registration not complete until done)		
Parents Contact Info	Names:	Home Phone:	Cell Phone:
Emergency Contact Info	Name:	Home Phone:	Cell Phone:
Swimming	___ My son/daughter HAS permission to swim with Adult Supervision ___ My son/daughter DOES NOT have permission to swim		
Medical Conditions	___ My son/daughter DOES NOT have any Medical Issues ___ My son/daughter HAS Medical Issues (written description of issues attached)		

Waiver: To induce Aloha Volleyball Association to accept registration and permit participation in the Volleyball Camp by the named individual, I the parent or guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless Aloha Volleyball Association, its officials, coaches, and representatives, from any claim arising out of injury to the named individual and any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise. I hereby give consent for Aloha Volleyball Association employees to take appropriate actions for my child's safety and welfare and arrange medical treatment in the event I am unable to do so.

Parent Signature: _____ **Date:** _____