



UREC Volleyball Academy

Registration Form

Ages 7-17 Only



If you have any questions please call 828-262-2100 or visit www.urec.appstate.edu

Required Information:

Academy Sport:	<input type="text"/>	Today's Date:	<input type="text"/>	Gender:	<input type="text"/>	T-shirt Size:	<input type="text"/>
Athlete's Name:	<input type="text"/>	Name Called:	<input type="text"/>	Date of Birth:	<input type="text"/>		
School Attending:	<input type="text"/>	Age at Academy:	<input type="text"/>	Grade:	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>	Day Phone #:	<input type="text"/>				
Evening Phone #:	<input type="text"/>	E-mail Address:	<input type="text"/>				
Goals for Academy:	<input type="text"/>						

Please indicate your athlete's current Skill Level: ☐ **Beginner** ☐ **Intermediate** ☐ **Advanced**

Beginner: Are young athletes with 0-2 years of volleyball playing experience.

Intermediate: Are young athletes with 2-4 years of volleyball playing experience.

Advanced: Are young athletes with 4+ years of volleyball playing experience.

Program Information:

Who? Appalachian State University Recreation (UREC) is offering an Academy for young men and women ages 7-17 who want to improve their volleyball skills.

What? A fundamental volleyball program that offers Beginner, Intermediate, and Advanced training sessions for athletes looking to improve their volleyball game. Small group sessions with one on one time for each athlete.

Where? On the campus of Appalachian State University at the Student Recreation Center (main gym) located at 150 Bodenheimer Drive, Boone, NC 28608.

Why? To ignite the dream in young athletes to emphasize vast work ethics, character, determination, teamwork, and fundamentally sound volleyball skills. This program also allows Appalachian State University students the opportunity to develop their coaching and leadership qualities that they may use in future coaching aspirations.

Please indicate which session(s) you will attend:

☐ **Session 1**

☐ **Session 2**

Dates: Sunday, November 1, 2009
Sunday, November 8, 2009
Sunday, November 15, 2009
Sunday, November 22, 2009

Dates: Sunday, January 10, 2010
Sunday, January 17, 2010
Sunday, January 24, 2010
Sunday, January 31, 2010

Preferred Session Time:

☐ 4:00-4:50 pm

☐ 5:00-5:50 pm

☐ 6:00-6:50 pm

Alternate Time:

☐ 4:00-4:50 pm

☐ 5:00-5:50 pm

☐ 6:00-6:50 pm

Required Payment Option:

CASH or CHECK (make checks out to University Recreation). Full payment is expected at the time of registration. UREC **highly** recommends you register your athlete at the Student Recreation Center between the hours of 8:00 AM & 8:00 PM. But you may register by mailing your registration form and the full payment to:

UREC Volleyball Academy
ASU Box 32081
Boone, NC 28608

Fees:

	For 1 Session	Both Sessions
<i>Dependent of ASU Student Rate:</i>	<input type="checkbox"/> \$45	<input type="checkbox"/> \$85
<i>Dependent of ASU Faculty/Staff Rate:</i>	<input type="checkbox"/> \$65	<input type="checkbox"/> \$125
<i>Community Rate:</i>	<input type="checkbox"/> \$75	<input type="checkbox"/> \$145

Required Parent/Guardian Agreement:

Medical Contract:

I indemnify and hold harmless Appalachian State University and its representatives, from any claims for personal illness or injury that my son/daughter may sustain during UREC Academy. I acknowledge and understand that by participating in UREC Academy, the possibility exists that my son/daughter may sustain physical illness/injury (minimal, serious, catastrophic), in connection with Academy and accept all risks including those activities preliminary and subsequent to the chosen activities. If I am not available in the event that my child needs medical attention, I hereby give my permission to the UREC staff or any competent medical authority to render such attention. I accept full financial responsibility for any medical attention or treatment administered to my child in connection with the UREC Academy activities. I carry medical insurance on my child and will provide UREC with that information. I fully understand the inherent risks my child may incur as he/she participates in all facets of the UREC Academy.

Participation Contract:

I give UREC Academy permission to offer my child opportunity to participate in all facets of the UREC Academy.

Photography Contract:

Photos, film footage or tape recording of my child may be used for publicity for Appalachian State University. I give permission to Appalachian State University to utilize these media recordings of my child for publicity.

Does your child have any Allergies or Medical Concerns:

☐ Yes

☐ No

If yes, please explain:

Required Emergency Contact:

Physician's Name:

Physician's Phone #:

If a parent/guardian cannot be reached in the case of an emergency, please indicate another contact that can be called:

Name:

Phone #:

Relationship:

Required Health Insurance Information:

Company Name:

State:

Policy Number:

Group Number:

Expiration/Effective Date:

Name of Policy Holder:

*****By signing below, I acknowledge I have read, filled out all information, and understand everything stated in this document as well as others verbally and transcriptly communicated by Appalachian State University and University Recreation. I acknowledge and agree to give permission for my child to participate in the UREC Academy. I believe that my child is physically able to engage in the UREC Academy. *****

Printed Name of Parent/Guardian:

Date:

Parent/Guardian Signature:
