

Registration Form

Phone: 410.299.6912

Email: Michael.Bossom@goucher.edu

Camper's name _____

T-shirt size: Adult S M L

Parents' name(s) _____

Address _____

Home phone _____ Work phone _____

E-mail _____

Name of person or persons authorized to pick up camper

from the Goucher Volleyball Camp:

In case of emergency notify _____

Phone _____

I have no knowledge of any physical impairment that would prevent this camper from participating fully in the camp's program. I understand and accept the risk of injury to my child while participating in this camp, and I release the college and all camp members from all liability. I authorize camp staff members to act for me according to their best judgement if medical attention is required. If additional facilities are required, I give permission for my child to be transported to those facilities.

Signature _____ Date _____

Relationship to camper _____

Insurance company _____

Policy number _____

Resident Campers

_____ Enclosed is a check for \$360.

_____ Enclosed is a **nonrefundable** deposit in the amount of \$100.
The balance of \$260 is due no later than June 25.

Day Campers

_____ Enclosed is a check for \$310.

_____ Enclosed is a **nonrefundable** deposit in the amount of \$100.
The balance of \$210 is due no later than June 25.

Please charge my credit card: Visa MasterCard American Express

Card number _____

Security code (three digit number on the back of the credit card) _____

Expiration date _____

Signature on the card _____

Return this form along with a check, made payable to **Goucher College**, to:

Michael Bossom, Goucher College, 1021 Dulaney Valley Road, Baltimore, MD 21204.