

Intensity Volleyball Training Summer 2021 Camp Registration Form
 Dates - August 16 – 19, 2021
 Location – Saville Community Sports Centre 11610 – 65 Ave NW, Edmonton



Camps – More info on the camps found at www.intensityvolleyballtraining.com	
9:00am – 11:30am – U13 Girls - \$225*	
9:00am – 11:30am – U13 Boys - \$225*	
9:00am – 11:30am – U15 Girls - \$225*	
9:00am – 11:30am – U15 Boys - \$225*	
9:00am – 11:30am – U17 Girls - \$225*	
12:00pm – 2:30pm – U13 Girls - \$225*	
12:00pm – 2:30pm – U15 Girls - \$225*	
12:00pm – 2:30pm – U15 Boys - \$225*	
12:00pm – 2:30pm – U17 Girls - \$225*	
12:00pm – 2:30pm – U17 Boys - \$225*	
3:00pm – 5:00pm – Age 10 - 13 Girls Intro to Volleyball/Club - \$200*	
3:00pm – 5:00pm – Age 10 - 13 Boys Intro to Volleyball/Club - \$200*	
3:00pm – 5:00pm – Girls Intensity Clinics - \$200* or \$175* as an add-on to an afternoon session.	
3:00pm – 5:00pm – Boys Intensity Clinics - \$200* or \$175* as an add-on to an afternoon session.	

*Prices do not include GST

Player Name: _____ Date of Birth: _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Phone Number: _____ Email: _____

Previous Volleyball Experience (if applicable): _____

Parent/Guardian Name: _____ Phone Number: _____
 Parent/Guardian Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

T-Shirt Size Requested (Adult sizes): _____

How did you hear about us? _____

Please send an EMT with your total owing (\$236.25 for one session, \$210 for an intro session or Intensity Clinic on its own, or \$420 for one session plus the bonus Intensity Clinic) to info@intensityvolleyballtraining.com with the password “Intensity”.

Cancellation Policy – A \$50 non-refundable service charge will apply to all cancellations prior to August 14, 2021. Cancellations including and after August 21, 2020 will have no refund exceptions to family emergencies. Please review our website for COVID Cancellation policies.



Intensity Volleyball Training Medical & Photo Release Form

Player Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

Email: _____

Alberta Health Care #: _____

Allergies: _____

Require the Use of an Epipen? _____ (If Yes, you must supply one during the camp)

Medications Currently Taking: _____

Medical Conditions: _____

I hereby declare that I am participating in the Intensity Volleyball Training Camp with knowledge and consent from my family doctor:

Parent/Guardian Signature: _____ Date: _____

I give permission to Intensity Volleyball Training to use my photos/videos on social media and website.

Parent/Guardian Signature: _____ Date: _____