

Camper Information

World Volleyball Training Center

Please return to camp two weeks before your arrival at camp

Camper's Full Name: _____ Likes to be called? _____

Attending: Session 1 Session 2 Session 3 Session 4

Age: ___ Birthday at camp? Yes No Grade entering in school ___ Team Name (if any) _____

Coaches name _____ Phone _____ E-mail _____

Returning camper? Yes No If yes, how many summers _____

Attended another camp before? Yes No If yes: Day Camp Overnight Camp

Notes: _____

Favorite activities? 1. _____ 2. _____ 3. _____

Can your child swim? Yes No Taken lessons before? Yes No

If yes, what level have they attained (ARC, YMCA or camp level)? _____

Are there any dietary restrictions/concerns/allergies? Yes No

Notes: _____

Do you anticipate any difficulties with any aspect of camp or activities? Yes No

Notes: _____

Do you feel your child makes friends easily? Yes No

Notes: _____

Do you have any hopes or goals for camp? Yes No

Notes: _____

Any siblings attending camp? Yes No Same session? Yes No

Name & Age What Session/Program?

1. _____

2. _____

Any Teammates Attending Volleyball Camp? Yes No Same session? Yes No

Names: _____
