



# 2018

# EASTLAKE TEAM CAMP

**Offered to Fall 2018 Freshman, Sophomores, Juniors and Seniors**

**Schedule and Cost**

**July 23 - 25** (Monday - Wednesday)  
**8am-5:30pm**

**Cost \$250**

**Registration and Payment:**

GoldMedalSquared.com

Choose the 'Registration Center' Button  
Search for Summer Camp at Eastlake to Register

**Payment & Waiver:** Send Below Waiver as well  
as payment to: Haven Scholz  
1819 216<sup>th</sup> PI NE, Sammamish, WA 98074

-----CUT AND RETURN BOTTOM PORTION-----

## Eastlake Volleyball Team Camp

### July 23 - 25, 2018

Player Name: \_\_\_\_\_ Fall 2018 Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent Cell: \_\_\_\_\_ Player Cell: \_\_\_\_\_ Player Email: \_\_\_\_\_

By signing this form, I hereby assume all risks and hazards incidental to participating in volleyball activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the Eastlake Volleyball Program, Booster Club, Eastlake Wolf Pack, Lake Washington School District, instructors and volunteers for any claim arising from participation of my child in the camp.

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My child has the following medical conditions and/or allergies: \_\_\_\_\_

Health Insurance Company and Policy Number: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_