



# FORT LEWIS COLLEGE VOLLEYBALL I.D. CAMP

April 5, 2019

SCHEDULE: CHECK IN @ WHALEN GYM AT 4PM  
INSTRUCTION FROM 4:30PM- 7:30PM

**\*\*The Fort Lewis College ID Camp provides an atmosphere for the serious volleyball player with aspirations of playing at the collegiate level. The coaches will provide collegiate training sessions to improve skill through specific instruction and live game action. This is an excellent way to identify future Skyhawk athletes.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Position(s) \_\_\_\_\_ Height \_\_\_\_\_  
Graduation Year \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ High School/College \_\_\_\_\_

Register ONLINE at [goskyhawks.com](http://goskyhawks.com)

OR

\_\_\_\_\_ I have enclosed cash/a check payable to **Fort Lewis College** for **\$40.00** Mail to:

**Fort Lewis College Volleyball  
1000 Rim Drive  
Durango, CO 81301**

Participant: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Please note any medical conditions we should be aware of: \_\_\_\_\_

I hereby authorize any first aid, medications, or medical treatment deemed necessary in case of emergency for: (full name) \_\_\_\_\_, a participant in the Skyhawk ID Camp. I understand that I will be responsible for any expenses incurred on her behalf in connection with such treatment. I also understand that the player participates at his or her own risk. The Skyhawk ID Camp, its staff, Fort Lewis College, its Athletic Department, and its staff shall not be liable for any damage arising from injuries sustained by the player during the tournament or at the facilities.

SIGNATURE OF PARTICIPANT/PARENTAL CONSENT: \_\_\_\_\_

***NO PLAYER WILL BE ACCEPTED WITHOUT INSURANCE  
COVERAGE!***

POLICY HOLDER: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_

For any further questions or concerns contact Coach Tricia Melfy: [pamelfy@fortlewis.edu](mailto:pamelfy@fortlewis.edu)

