



Leslie Gabriel Volleyball Camp

Team Camp Player Application

High School Team: _____

Camper Name: _____ Year of HS Graduation: _____

Email Address: _____ Cell Phone #: _____

Home Address: _____ Position: _____

City, State, Zip: _____ Date of Birth: _____

Parent Email Address: _____ Home Phone: _____

Mom Name: _____ Mom Cell #: _____ Mom Work #: _____

Dad Name: _____ Dad Cell #: _____ Dad Work #: _____

Emergency Contact (Not your parent): _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

MEDICAL INFORMATION:

Known Allergies: _____ Date of Last Physical: _____

Current Injuries/ Restrictions: _____

Current Medications: _____

Family Doctor: _____ Office Phone: _____

Insurance Company : _____

Policy Holder Name: _____ Policy Number: _____

Additional Comments: _____