



**2012**

## **Gold Medal Squared—Player Registration Packet**

**Please complete the following steps to complete your registration process for the CRVBC/Bedford High School - Gold Medal Squared Players' Camp:**

**Please register, on-line for the 'Gold Medal Squared Players' Camp at [www.crvbc.org](http://www.crvbc.org).**

**The additional forms you will need to fill out will be emailed to you. The username and password you supply during the registration process can be used to log back into the website to update your registration information.**

1. Register online at [www.crvbc.org](http://www.crvbc.org). If you received this Packet via email after registering online, then you've already done this step.
2. All Players must READ, sign and date the CRVBC Behavior Policy.
3. All Players must fill out the Gold Medal Squared Release form. For all players under the age of 18 a parent or guardian must sign this Release form.
4. Mail these forms with your Camp fee to:  
Capital Region Volleyball Club  
c/o Douglas Oxford  
71 Garvins Falls Road  
Concord, NH 03301

**This camp filled up last year. Don't end up on the waiting list! Get your registration and camp fee in early!**

If you have any questions please contact Linda or Doug Oxford at 224-TEAM or send an email with your questions to [Info@crvbc.org](mailto:Info@crvbc.org).



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### **Camp Schedule:**

<b>Date</b>	<b>Time</b>	<b>Event</b>	<b>Location</b>
July 30	8:00am—8:30am	Registration	Bedford High
	8:30am—4:30pm	The Camp	Bedford High
July 31	8:30am—4:30pm	The Camp	Bedford High
August 1	8:30am—4:30pm	The Camp	Bedford High
August 2	8:30am—4:30pm	The Camp	Bedford High

There will be a 1 hour lunch break every day and a 15 minute snack break every afternoon.  
Please remember to bring plenty of **healthy food** and **water**!

Players will be moved from court to court throughout the Camp to ensure campers are playing with others at comparable playing abilities.

This is a physically demanding Camp. To get the most out of it you will want to be in shape.

**Bedford High School** = Bedford High School, 47b Nashua Road, Bedford NH 03110. Directions are on the following pages.

**All players MUST have completed a signed Gold Medal Squared Release Form, CRVBC Behavior Policy and have paid their Camp fees prior to participating in the Camp.**

### **Fee schedule:**

#### **Camp:**

\$400 if payment postmarked by 7/14/2012  
\$425 if payment postmarked after 7/14/2012

### **Mail Forms and Fees to:**

Capital Region Volleyball Club  
c/o Douglas Oxford  
71 Garvins Falls Road  
Concord, NH 03301

**Please make checks payable to: CRVBC.**

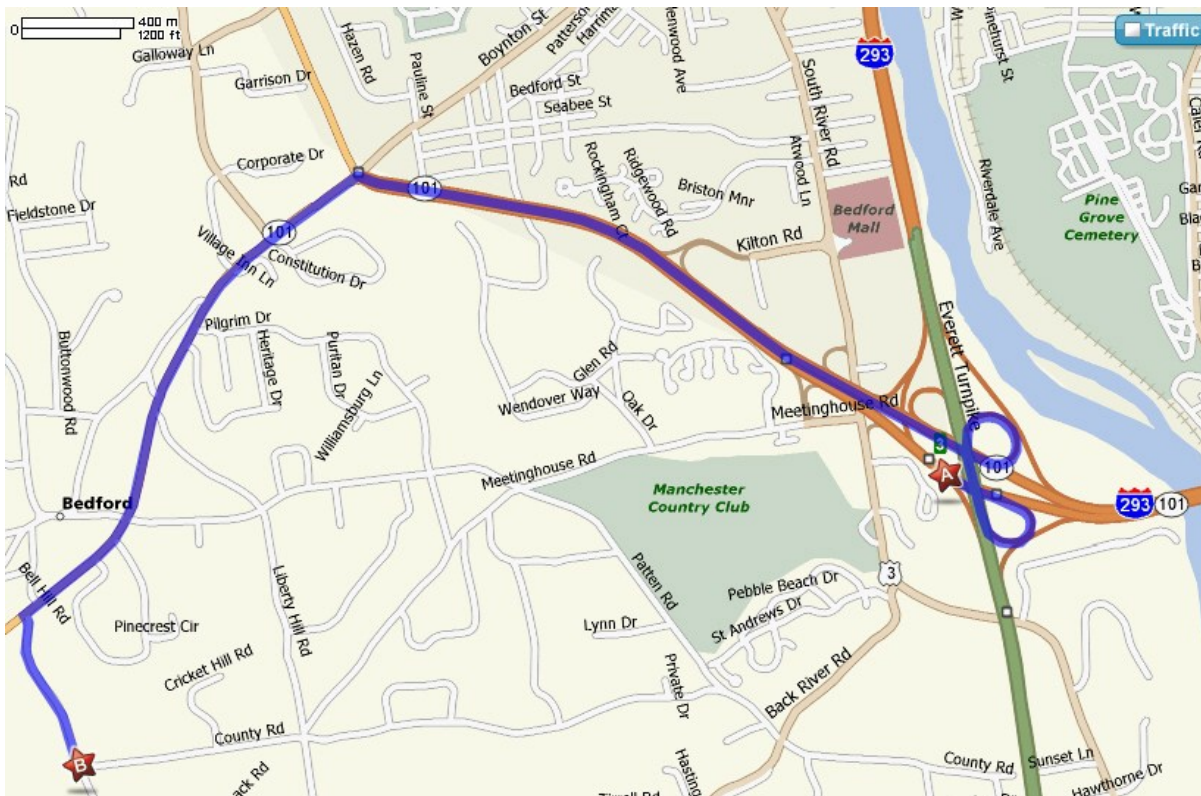


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### Directions:

- Get to the intersection of I-293 and NH-101 in Bedford, NH
- Take NH-101 West toward US-3/Bedford & Rt-114/Milford
- Take NH-101 toward Milford
- Turn left at the lights at the intersection of NH-101 and Rt. 114. This will keep you on NH-101 toward Milford.
- Turn left onto Nashua Road
- End at 47b Nashua Road



If you have any questions please contact Linda or Doug Oxford at 224-TEAM or send an email with your questions to [Info@crvbc.org](mailto:Info@crvbc.org).



## Behavior Policy

In order to provide a safe and meaningful learning experience for our athletes, there needs to be clear boundaries and expectations. By signing this agreement, the player and parents show an acknowledgment and understanding of the rules and regulations contained in this agreement.

I understand that while I play for the Capital Region Volleyball Club I will abstain from the willful use of alcohol, drugs and tobacco products (including chew and snuff) as well as any illegal drugs. Additionally, I will not put myself in unnecessary situations where I am in the presence of alcohol, drugs or tobacco products being used. I also understand that the Capital Region Volleyball Club has a zero-tolerance policy. If I am found using any alcohol, drugs, drug paraphernalia, or tobacco products, or found in possession of any alcohol, drugs, drug paraphernalia, or tobacco products I will be subject to dismissal from the club for that entire year, and any fees paid will not be refunded.

I understand that while I play for the Capital Region Volleyball Club I will not engage in any illegal or unethical behavior. Additionally, I will not be an accessory to any of these types of behaviors, and I will not put myself in unnecessary situations where illegal or unethical behavior is taking place. If I am found engaging in, being an accessory to, or putting myself in the situation of illegal or unethical behavior I will be subject to dismissal from the club for that entire year, and any fees paid will not be refunded.

If any of the rules reference above are violated during an event associated with Capital Region Volleyball, the athlete will be immediately sent home at the Athlete's and/or the Athlete's parents' expense.

All rules referenced above apply to all club athletes anywhere and at anytime during the season.

\_\_\_\_\_  
Athlete's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

**Gold Medal Squared—Volleyball Camp Release**

Name of Player \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

School Grade Entering Next Fall \_\_\_\_\_

Coach's name \_\_\_\_\_

School \_\_\_\_\_  
(please type or print with ink only)

In consideration of being allowed to participate the undersigned acknowledges, appreciates and agrees that:

1. The risk of serious injury does exist.
2. My child knowingly and freely assumes such risks.
3. My child willingly agrees to comply with the stated and customary terms and conditions for participation. If she observes any unusual hazard during participation, she will remove herself from participation and bring such to the attention to the nearest official.
4. I approve of my child's attendance at the Gold Medal Squared Summer Volleyball Camp and release and hold harmless Gold Medal Squared and their officers, officials, and employees. I certify that my child is in good health and able to participate in the program's activities. I am \_\_\_ am not \_\_\_ attaching a note explaining special physical limitations and/or required medication, if any.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date