

CAMPER INFORMATION

Camper's Name _____
 Email (for camp confirmation and additional correspondence) _____
 Address _____ City _____ ST _____
 Grade (fall '17) _____ School _____
 Age _____ DOB _____ T-SHIRT SIZE: Adult: S M L XL Youth: 4-6 8-10 12-14

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____
 Email (if different above) _____
 Cell Phone () _____ Cell Phone () _____
 Emergency Phone _____ Emergency Phone 2 _____

2016 SKILL CLINICS

Panther Volleyball Academy Clinics	CHECK-OUT
<input type="checkbox"/> November 5 th from 1:00 – 4:00 pm (grades 3 rd to 8 th only).....	\$35.00
<input type="checkbox"/> November 5 th from 1:00 – 2:30 pm (grades K-2 nd only).....	\$18.00

TOTAL DUE (checks payable to **Panther Volleyball Camps – DO NOT SEND CASH**)

Return to: Panther Volleyball Camps, PO Box 257, Dike, IA 50624

TOTAL DUE \$ _____

IN ORDER FOR YOUR REGISTRATION TO BE COMPLETE WE MUST RECEIVE:

1. A completed Registration Form (above), along with payment (check or money order only; **DO NOT SEND CASH**)
2. Read, sign, and return the **REFUND AND CANCELLATION POLICY**
3. Read, sign, and complete the **MEDICAL AUTHORIZATION, INSURANCE AND WAIVER FORM**

REFUND AND CANCELLATION POLICY (Required)

Please read and sign below. This form must be completed and returned with your registration and payment.

REFUND POLICY: Refunds will ONLY be given for medical and/or health reasons. Panther Volleyball Camps (address on page 1) must receive a written notification from a physician, stating that the athlete is physically unable to participate in volleyball camp. A \$10 processing fee will be applied to all refunds (even for medical reasons). **REFUNDS WILL NOT INCLUDE THE \$10 PROCESSING FEE + THE MYONLINE REGISTRATION FEE).**

CANCELLATION POLICY: A written (address above) or FAXED (319) 273- 7055 notification of cancellation must be received 7 days prior to the start date of your skill camp (ex. Panther Volleyball Academy start date is November 5th ; cancellation requests must be received by October 27th @ midnight).
 A \$10 administrative processing fee will be deducted from all cancellation requests.

CANCELLATIONS THAT DO NOT HAVE THE PROPER MEDICAL DOCUMENTS, OR "NO SHOWS" WILL NOT BE REFUNDED.

All refunds will be processed through Panther Volleyball Camps. Qualified refund requests will be mailed a refund check (minus the processing and online fee).

I have read and agree to the Panther Volleyball Camps Refund and cancellation policy detailed above:

 Signature of Parent/Guardian

 Date

PANTHER VOLLEYBALL CAMP RELEASE AND MEDICAL AUTHORIZATION FORM (Required)

I hereby assume all risks of camp activity (including property loss or damage, personal injury and death) that may result from any volleyball camp activity (including residence hall activity and transportation). As parent/guardian, I agree to release, indemnify, defend, hold harmless, discharge, and covenant not to sue the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, the Panther Volleyball Camps and their officers, employees, agents, instructors and all participants in the volleyball camp program (collectively, the "Releases") from and against all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage arising out of or related to the student's participation in the volleyball camp and volleyball camp activities, whether caused by the negligence of the Releases or otherwise. I further agree that this Release and Medical Authorization shall be construed in accordance with the laws of the State of Iowa. In the event of injury or illness, I give my consent for medical treatment, and permission to camp personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. **I understand each student must provide his/her own medical insurance.** I also understand that I am responsible for any medical or other charges related to the student's attendance at the Panther Volleyball Camps. I certify that the student is physically capable of participating in the camp activities. I have disclosed any physical limitations or medical problems which might limit the student's capability to perform under the normal conditions of camp activities. Panther Volleyball Camps reserves the right to deny anyone the opportunity to participate where question exists regarding a student's physical capability to safely participate in camp activities.

I HAVE CAREFULLY READ THIS ENTIRE RELEASE AND MEDICAL AUTHORIZATION, FULLY UNDERSTAND IT, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND BY IT.

Parent/Guardian Signature _____ Date _____

NOTE: Parent or Guardian signature is required.

Student Camper's Name: _____

EMERGENCY CONTACT AND MEDICAL INFORMATION (Required)

Father/Guardian's Name _____

Day Phone (_____) _____ Evening Phone (_____) _____

Mother's/Guardian's Name _____

Day Phone (_____) _____ Evening Phone (_____) _____

Any serious medical conditions (e.g., diabetes, asthma, epilepsy) _____

Medication currently taking and dosage _____

Medication currently taking and dosage _____

Medication currently taking and dosage _____

Allergies _____

Emergency Contact Name _____

Phone (_____) _____ Alternate Phone (_____) _____

Family Physician _____ Phone (_____) _____

Medical Insurance Co. (Required) _____ Phone (_____) _____

Policy Name _____ Policy # _____

Date of last tetanus immunization _____

Mail-in Waiver and Medical Release Form: return completed form by mail to (PVA is not responsible for late or lost mail; please allow time for mailing):

Panther Volleyball Camps, PO Box 257, Dike, IA 50624

OR fax to: 319-273-7055 (email copies will NOT be accepted—no exceptions!)

www.panthervolleyballcamps.com