



CAMPER INFORMATION

Campers Name _____

Email (for camp confirmation and additional correspondence) _____

Address _____

City _____ ST _____ ZIP _____

Grade (entering fall '19) _____ Age _____ 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 _____

2019 SKILL CAMPS

JUNE CAMPS (please mark all camps attending below)	CHECK-OUT
JUNIOR HIGH CAMP (JUNE 18-19, Tues-Wed Grades 6th-8th)	
<input type="checkbox"/> COMMUTER (no meals).....	\$ 170
<input type="checkbox"/> COMMUTER (with 2 lunches).....	\$ 190
<input type="checkbox"/> RESIDENT (AIR CONDITIONED dorm and all meals included).....	\$ 270
PANTHER YOUTH (JUNE 20-21, Thurs-Fri Grades 3rd-6th)	
<input type="checkbox"/> COMMUTER ONLY (no meals).....	\$ 100
LIBERO / BALL CONTROL CAMP (JUNE 20, Thurs Grades 8th-12th)	
<input type="checkbox"/> COMMUTER (no lunch).....	\$ 95
<input type="checkbox"/> COMMUTER (with lunch).....	\$ 105
LITTLE PANTHER CAMP (JUNE 21, Fri Grades K-2nd)	
<input type="checkbox"/> COMMUTER (no meals).....	\$ 45

JULY CAMPS	CHECK-OUT
FOR JULY CAMPS MARK BELOW <input checked="" type="checkbox"/>	
1. ALL CAMP(S) ATTENDING	
2. COMMUTER OR RESIDENT (staying in dorms)	
3. TRAINING POSITION (mark only one position you would like for camp)	
4. YEARS OF VARSITY AND USAV CLUB EXPERIENCE (if no experience, mark 0)	
JUNIOR HIGH SPECIALIZED POSITION CAMP (JULY 9, Tues Grades 6th-8th)	
<input type="checkbox"/> COMMUTER (no meals).....	\$ 120
<input type="checkbox"/> COMMUTER (with lunch and dinner).....	\$ 140
Position (mark one only): <input type="checkbox"/> Left-side <input type="checkbox"/> Setter <input type="checkbox"/> Middle <input type="checkbox"/> Right-side <input type="checkbox"/> Libero/DS <input type="checkbox"/> Don't know	
Grade (fall '19): <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	
Yrs of AAU club experience: _____ Yrs of USAV club experience _____ Club Team: _____	
HIGH SCHOOL SPECIALIZED POSITION CAMP (JULY 10-11, Wed-Thurs Grades 8th-12th)	
<input type="checkbox"/> COMMUTER (no meals).....	\$ 190
<input type="checkbox"/> COMMUTER (with 2 lunches, and 1 dinner).....	\$ 220
<input type="checkbox"/> RESIDENT (AIR CONDITIONED dorm and all meals included).....	\$ 290
Position (mark one only): <input type="checkbox"/> Left-side <input type="checkbox"/> Setter <input type="checkbox"/> Middle <input type="checkbox"/> Right-side <input type="checkbox"/> Libero/DS	
Grade (fall '19): <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	
Yrs of varsity experience: _____ Yrs of USAV club experience _____ Club Team Name _____	

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 CAMP 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** (Pg. 2)
3. Read, sign, and complete the **MEDICAL AUTHORIZATION, INSURANCE, AND WAIVER FORM** (Pg. 2-3)

REFUND AND CANCELLATION POLICY

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 \$25 processing fee will be applied to all refunds (even for medical reasons). REFUNDS WILL NOT INCLUDE THE \$25 PROCESSING FEE + THE MYONLINE REGISTRATION FEE).

CANCELLATION POLICY: A written (address above) or FAXED (319) 273-7055 notification of cancellation request must be received 7 days prior to the start date of your skill camp (ex. Junior High Camp start date is June 18; cancellation requests must be received by June 11 @ midnight).

A \$25 administrative processing fee will be deducted from all cancellation requests.

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

All refunds will be processed through Panther Volleyball Camps.

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: _____

2019 Panther Volleyball Camp(s) Attending (please check all that apply):

- Junior High [] Libero [] Panther Youth [] Little Panther []
Junior High Specialized [] High School Specialized [] Team Camp []

EMERGENCY CONTACT AND MEDICAL INFORMATION *(Required)*

Father's/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 _____

Day Phone: () _____ Alternate Phone () _____

Family Physician _____ Phone () _____

Medical Insurance Co. (Required) _____

Policy No. Date of last tetanus immunization _____

Mail-in Waiver and Medical Release Form: return completed form by mail to: *Panther Volleyball Camps, PO Box 257, Dike, IA 50624*

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

DEADLINE: All mail-in registrations must be RECEIVED no later than one week prior to the start of your camp (ex. Junior High Camp starts on June 18th, so all registrations must be received by June 11th). Please note: online registration may be available after the mail-in deadline for each camp.

Online Registration available at (fee applies):

www.panthervolleyballcamps.com