

# Montana Volleyball Camps

## Advanced Skills Camp Player Registration Form

**Please include Payment: Resident \$385 OR Commuter with Meals \$280**

(Checks can be made out to **Montana Volleyball Camps**)

CAMPER'S NAME (First and Last): \_\_\_\_\_

2019 Montana Volleyball Camp-Advanced Skills

June 19-21<sup>st</sup>, 2019

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

CAMPER'S PHONE: \_\_\_\_\_

CAMPER'S EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

FALL 2019 GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

CLUB: \_\_\_\_\_

Club Coach Name: \_\_\_\_\_

Club Coach Phone: \_\_\_\_\_

POSITION (Choices: setter, middle, outside hitter, defensive specialist)

1. \_\_\_\_\_

2.(optional) \_\_\_\_\_

T-SHIRT SIZE (*adult sizes only*):

S  M  L  XL

Resident with Meals (\$385)

Commuter with Meals (\$280)

ROOMMATE PREFERENCE:

PARENT 1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

PARENT 2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### MEDICAL RELEASE

Insurance Company:

Subscriber's Name:

Policy#: \_\_\_\_\_

Group#: \_\_\_\_\_

ID#: \_\_\_\_\_

Allergies, Conditions, Medications,  
etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a potential participant of the Montana Volleyball Camps, I could possibly sustain injuries no matter how well conditioned I may be. Depending on the nature of the sport, injuries may be minor to fatal in nature. Some specific injuries that may be sustained by participants in physical activity associated with sports such as this one are as follows: stoppage of breathing, spine and neck injuries (either of which could result in paralysis), concussion, heart failure, broken legs, feet, ankles, toes or other bones, heat stroke, heat cramp, heat exhaustion, stroke, convulsion, unconsciousness, abrasions to limbs such as arms, legs and head, fainting, sudden illness, cramps, and loss of wind.

Physical contact poses risks in Montana Volleyball Camp activities as well, even though it occurs regularly as an accepted part of the sport. The propensity for major injuries, such as injuries to the spinal column, broken bones, concussion and internal injuries to major organs increases in relation to the force of impact upon contact or collision. I understand the risk of injury due to the force of a collision. I realize that if I have physical problems such as a heart condition, hypertension, orthopedic problems, or other medical problems, I should consult a physician concerning any limits to my activity.

I agree to comply with all camp rules and regulations, including those given verbally and in writing. I also agree to participate in safety meetings and the presentation of any safety material, such as a video on safety, which are designed and offered to promote safety in all camp activities.

Knowing the inherent risks, dangers and rigors involved in the activities in which I choose to participate at this camp, I certify that I am fully capable of participating in the activities offered.

I certify that I have read this ACKNOWLEDGMENT OF RISK Form and understand all of its terms.

To participate in Montana Volleyball Camp you must have been approved for athletic participation by a doctor within the last year. Also, you must be covered by current medical insurance and have a completed and signed medical release form. While at camp, our athletic trainers will have possession of all medical releases and a trainer will be on site at all camp times. \*Please bring a signed note with explanations (when to take medications, insulin shots, etc...) if you have any special medical needs. These notes will be given to our trainers on the first day of camp.

I hereby authorize my daughter's/son's participation in the Montana Volleyball Camp. I know of no physical, mental, emotional, or behavioral problems which may affect my daughter's/son's ability to safely participate. The camp staff is authorized to attend to any health problem or injury my daughter/son may incur while attending camp.

I understand that my daughter/son must have current and active medical insurance before she/he may attend camp and hereby confirm that she/he does. Neither I nor my daughter/son will hold the University of Montana, Montana Volleyball Camps, Montana Volleyball Program, Dana Cranston, or any other employee liable for any injuries/illnesses or expenses relating to injuries/illnesses sustained while my daughter/son is at camp.

Each camper is required to attend all camp activities, follow all curfew hours, be responsible for their own personal belongings, be respectful of the coaching staff, trainers, campers, equipment, and residence hall property, and follow all University of Montana and camp regulations. I hereby acknowledge that I/my daughter/son will observe all camp rules and expectations as listed above and recognize that in the case of noncompliance I/my daughter/son is responsible for any damage caused to camp equipment of University of Montana facilities.

Print Name of Participant

Participant Signature

Date

Print Name of Legal Guardian

Legal Guardian Signature

Date

\*You will receive a welcome email confirming we have received your registration.

\*\*Refund Policy: The administrative processing fee of \$35 is non-refundable. The rest of the camp fees are non-refundable within 14 days of camp. Online registration refunds will be issued to your credit card. Please allow one week for the refund process. Mail-in-registration refunds will be issued in the form of a check, one to two weeks following the completion of all summer camps.

**MAIL TO**

University of Montana Volleyball Intercollegiate Athletics  
Hoyt Athletic Complex—Adams Center  
32 Campus Drive  
Missoula, MT 59812