

2019 Team Camp Tournament (only) Registration

**University of Montana
2019 Volleyball Team Camp**

Tournament Only

Fee: \$200

Due: June 24th

SCHOOL: _____

TEAM LEVEL: Varsity Junior Varsity
 Other

HEAD COACH: _____

EMAIL: _____

CELL PHONE: (____) _____

*Please enclose a single check for \$150. Payable to:

Montana Volleyball Camps

I understand and accept the terms of payments as detailed above.

Signature

Date

Mail to:

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

- The Montana Volleyball Team Camp Tournament will take place July 11th from 8am-5pm
- You are guaranteed 4 games
- No food will be provided
- Every player needs to complete the Player Registration Form below to compete in the tournament. If you are bringing these to the tournament please ensure all insurance information is fully completed and that a legal guardian has signed each form.

Montana Volleyball Camps

Team Camp Player Registration Form—*Tournament Only*

Coach: Please make multiple copies of this form and have each participant complete and return to you. Each camper must have this form completed and signed on file. Please bring them to check-in.

2019 Montana Volleyball Team Camp
July 11th, 2018

SCHOOL: _____

TEAM: _____

CAMPER'S NAME (First and Last):

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

DATE OF BIRTH: _____

FALL 2019 GRADE: _____

CAMPER'S PHONE: _____

CAMPER'S EMAIL: _____

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

Please fill out the insurance portion completely. We have to have this in order for you to participate.