

Canton Camp Youth (5-8)

June 24rd-26th
1pm-3pm

Cost: \$50

Return form &
payment USD
Volleyball

2018 COYOTE VOLLEYBALL CAMP APPLICATION

Please Print

Camper's Name _____

Address _____

City _____

State _____ Zip _____

Grade, Fall 2018 _____ Age _____ Height _____

School _____

Email _____

Roommate Request (if applicable) _____

T-Shirt

(Adult sizes, circle one) S M L XL XXL

(Youth sizes, circle one) S M L

(Circle one):

Outside Hitter Middle Blocker Setter Libero/DS

Please check the appropriate boxes:

Send application with camp fee to:

USD Volleyball Camp
DakotaDome
414 E. Clark Street
Vermillion, SD 57069

Full amount enclosed: _____



PARENTAL CONSENT

Please Print

Name of Camper _____

Date of Birth _____

Allergic Reactions _____

Past illnesses or other information that would be useful in the event of treatment if necessary: _____

Insurance Company _____

Policy Holder _____

IN CASE OF EMERGENCY:

Father _____

Home Phone _____

Work Phone _____

Cell Phone _____

Mother _____

Home Phone _____

Work Phone _____

Cell Phone _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in _____

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above;

2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and

3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

4. We agree that the university may take photos and video of campers participating in activities for promotional purposes.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

In consideration of the acceptance of this application for enrollment in the 2018 Volleyball Camp, I/we, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against all sponsors and all employees of the 2018 Volleyball Camp for any or all damages which may be sustained and suffered by me in connection with my/our association with or entry into this camp, and which may arise out of my traveling to, participating in or returning from the camp. I/We hereby authorize the staff of the Volleyball Camp to act for me according to their best judgement in any emergency requiring medical attention and I hereby waive and release the Volleyball Camp from any and all liability. I/We hereby grant permission for my/our child to participate in the Volleyball Camp and if an injury should occur during, traveling to or returning from the camp, I/we agree to pay for all costs, present and future, through my/our medical insurance policy and/or personal finances.

I declare that I am the father/mother/legal guardian (circle one) of the above named minor.

Parent/Guardian Signature _____