

UNIVERSITY OF IDAHO VANDAL VOLLEYBALL CAMPS

Camper Name _____ Year of HS Graduation _____
Address _____ Position _____
City, State, Zip _____ Date of Birth _____
Email _____

Camp T-shirt size (adult) S M L XL

Have you won an athletic award/ varsity letter since entering the 9th grade? YES ___ or NO ___

Parent Email Address _____ Home Phone () ___ - ___

Mother's Name _____ Mother's Cell # () ___ - ___ Mother's Work # () ___ - ___

Father's Name _____ Father's Cell # () ___ - ___ Father's Work # () ___ - ___

Emergency contact _____ **Relationship** _____

Home Phone # () ___ - ___ **Work/Cell #** () ___ - ___

Club Team _____ Years Played _____

Coach's Name _____ Email _____

Health Statement

Please list any and all physical conditions that UI program staff should know which may affect or be affected by participation in this program.

Present Medical Problems or Conditions: _____

Medications taken regularly: _____

Allergies: _____

Limitations on physical activity: _____

Family Doctor: _____ Dr. Office Phone: _____

Insurance Company: _____

Policy Holder: _____ Policy Number: _____

*** You must include the parent/guardian signed copy of the Waiver.

**University of Idaho
Volleyball Camp
Registration / Permission / Waiver**

Name	(First)	(Last)
Age	(Age)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	(Street)	
	(City, State)	(Zip)
Phone	(Home)	
E-mail:		
Emergency contact(s) & Insurance info	NAME:	(Relationship)
	PHONES: WORK: HOME:	CELL:
	NAME: (if needed)	(Relationship)
	PHONES: WORK: HOME:	CELL:
	(Medical insurance company name)	(Policy number)

PLEASE NOTE: Hospitals require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. Participants are covered by an American Income Life accident / illness policy while participating in activities sponsored by our Activity. In the event of injury or illness arising from participation in the Activity, American Income Life must be notified within 20 days of the date of the illness or injury. The Activity staff will have information on filing claims. **Insurance provided through American Income Life provides only limited protection for injuries or illnesses that occur while participants are participating in the Activity, and the participant's family is responsible for all medical expenses not covered by Activity insurance.**

**Acknowledgement of Risk and Waiver of Liability
Parent/Guardian Permission**

Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to Idaho Volleyball Camps, PO Box 442302, Moscow ID 83844-2302. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in the Volleyball Camp ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that **bear risk and danger and from which bodily injury to myself, or my child**, up to and including mortal injury, may occur: physical and sporting activities related to volleyball including, but not limited to contact with other players, falling, lifting, bending, jumping, pulling, rolling, serving, spiking, twisting, and competition in and/or practice of activities that involve strenuous exertion that could place stress on cardiovascular and/or muscular-skeletal systems and result in broken bones, strain, sprains, joint injuries, heart malfunctions, and head injuries; use or operation, by me or others, of equipment in the condition in which they are found; contact with environmental or biological hazards; risks related to transit to or from the Activity locations including, but not limited to, travel by bus, van, and private or rented auto; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; exposure to contaminated food and untreated water; staying overnight on campus; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity.**

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assigns and all members of my family. I am aware that if I provide a vehicle not owned and operated by the University for transportation to, at, or from any Activity site, or if I am a passenger in such a vehicle, the University is not responsible for any damage or injury caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled Activity, regardless if occurring before, during or after the period of the Activity.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why I/he/she is not able to participate in this Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activity.

I understand that any insurance provided through this Activity provides only limited protection for injuries that occur while participating and that I am responsible for all medical expenses not covered by Activity insurance. Activity insurance is provided by an American Income Life camp accident policy.

If my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact Disability Support Services (208) 885-6307 at least one week (7 days) prior to the start of the Activity.

I accept and will abide by the University of Idaho Policies listed in the Policies and Information of Interest to Students Brochure, which is available on-line at www.webs.uidaho.edu/riskmanagement or by contacting Risk Management at (208) 885-7177. I accept and will abide by the behavioral expectations of the sponsoring Activity, and I will comply with all applicable city, state and federal laws, and the policies and procedures of the University of Idaho. I understand that disregard for University of Idaho policies and applicable laws may be considered grounds for dismissal from the Activity, and prompt return home at my/parent expense.

I agree that you may photograph or video me or my child during, and in connection with, the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho.

If you **DO NOT GIVE PERMISSION TO PRODUCE IMAGES YOU OR YOUR CHILD**, CHECK HERE

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):
Participant's Signature:
X
Date:

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/ Guardian Name(s) (PLEASE PRINT):
Parent/ Guardian Signature(s):
X
Date: