

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 2017 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 2017 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 _____

GENERAL INFORMATION

USD Athletic training staff will be on duty. All sessions will be led by USD coaches and players.

Join some of the best players in South Dakota, Nebraska, Minnesota, and Iowa. Each Camper will receive a camp t-shirt. Camps will be located in the brand new Sanford Coyote Sports Center! Air Conditioned Resident's Halls and Athletic Facilities!

WHAT TO BRING

- Volleyball Clothing
- Volleyball Shoes (no street shoes will be allowed on the courts)
- Knee Pads
- Water Bottles

For Resident's Staying on Campus

- Sheets for Twin Extra Long Bed
- Blankets and Pillows
- Towels
- Alarm Clock

For more information, contact:

Coach Michael Runde
Michael.Runde@usd.edu
563-451-3379

or register online at:

GOYOTESCAMP.COM



- 2017-

COYOTE VOLLEYBALL CAMPS

YOUTH CAMP

July 9-11 • (Grades 5-8)

ELITE CAMP

July 13-15 • (Grades 9-12)

YIPPIN YOTES CAMP

July 17-19 • (Grades K-4)

CAMP DATES & FEES

YOUTH SKILLS CAMP (Grades 5-8)

July 9-11

CAMP FEE: RESIDENT: \$300 (includes sale tax)

COMMUTER: \$225 (includes sale tax)

Youth Skills camp is designed to prepare athletes for the move up to higher competition with an emphasis on the fundamental volleyball skills, including:

- Basic Passing Techniques
- Attacking Techniques
- Setting Techniques
- Blocking Techniques
- Serving Techniques
- Defensive Skills

ELITE ALL-SKILLS CAMP (Grades 9-12)

July 13-15

CAMP FEE: RESIDENT: \$300 (includes sale tax)

COMMUTER: \$225 (includes sale tax)

The Elite All-Skills camp combines the best of positional training and team concepts to expand your game. Athletes have the opportunity to train positionally and work on having a well-rounded game. The last session of the camp, athletes will be broken up for tournament play.

YIPPIN YOTES CAMP (Grades K-4)

July 17-19

9 - 11 AM

CAMP FEE: \$45 (includes sales tax)

The Yippin Yotes camp is designed to introduce campers to the game of volleyball in a fun setting. It will include basic instruction and games to give them a feel for the game.

ALL CANCELLATIONS WILL BE SUBJECT TO A CANCELLATION FEE

All USD volleyball camps are open to any and all participants, limited only by camp size and age.

YOUTH & ELITE CAMP SCHEDULE

DAY 1

12 PM	CHECK IN
1:30-4 PM	SESSION 1
4-6 PM	DINNER BREAK
6-8:30 PM	SESSION 2

DAY 2

8 AM	BREAKFAST (RESIDENTS ONLY)
9-11:30 AM	SESSION 3
11:30 AM - 1:30 PM	LUNCH BREAK
1:30-4 PM	SESSION 4
4-6 PM	DINNER BREAK
6-8:30 PM	SESSION 5

DAY 3

8 AM	BREAKFAST (RESIDENTS ONLY)
9-11:30 AM	SESSION 6
12 PM	CHECK OUT

RESIDENTS WILL RECEIVE DINNER ON DAY 1. BREAKFAST, LUNCH, AND DINNER ON DAY 2. BREAKFAST ON DAY 3.

COMMUTERS WILL RECEIVE DINNER ON DAY 1. LUNCH AND DINNER ON DAY 2.



2017 COYOTE VOLLEYBALL CAMP APPLICATION

Please Print

Camper's Name _____

Address _____

City _____

State _____ Zip _____

Grade, Fall 2017 _____ 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:

ELITE ALL-SKILLS CAMP

RESIDENT (\$300) COMMUTER (\$225)

YOUTH ALL-SKILLS CAMP

RESIDENT (\$300) COMMUTER (\$225)

YIPPIN YOTE CAMP (\$45)

Send application with camp fee to:

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

Full amount enclosed: _____

Or register online at GoYotesCamps.com

If you have a disability and need assistance to participate, please contact Disability Services 48 hours prior to attendance of the event at 605-677-6389 or email disabilityservices@usd.edu. This document is available in alternative formats, upon request from Disability Services.