

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 _____

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 Sanford Coyote Sports Center!

*** Air Conditioned Residence 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



CONTACT (FOR MORE INFORMATION)

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

For more information & register online go to:

GOYOTESCAMPS.COM



- 2018-

COYOTE VOLLEYBALL CAMPS

YIPPIN YOTES CAMP
July 9-11 • (Grades K-4)

YOUTH CAMP
July 12-14 • (Grades 5-8)

ELITE CAMP
July 15-17 • (Grades 9-12)

TEAM CAMP
July 20-21 • (Grades 9-12)

CAMP DATES & FEES

YOUTH SKILLS CAMP (Grades 5-8)

July 12-14

CHECK-IN: July 12 at Noon; **CHECK-OUT:** July 14 at Noon

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 15-17

CHECK-IN: July 15 at Noon; **CHECK-OUT:** July 17 at Noon

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.

**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.**

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

ALL CANCELLATIONS WILL BE SUBJECT TO A CANCELLATION FEE

YIPPIN YOTES CAMP (Grades K-4)

July 9-11

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.

TEAM CAMP (Grade 9-12)

July 20-21

CAMP FEE: PER ATHLETE: \$45 (includes sale tax)

NIGHT IN DORMS: \$20 (per night)

Come get a tune up for your high school season in a highly competitive environment. Teams will be broken up into pools and will be re-seeded throughout the event. For coaches attending with their teams, we will be offering two classroom sessions to learn and interact with the South Dakota Volleyball coaching staff.

- One complimentary dorm room for each team's coach
- \$200 deposit to hold your spot. Deposit will be applied to camper fees.
- Ten match guarantee
- No reffing responsibilities
- Up ref and score keeper provided
- Balls and carts will be provided
- Minimum number of athletes: 8

OPTIONAL: ONE DAY TRAINING

July 19

COST: PER ATHLETE: \$35 (includes sale tax)

Bring your team to USD one day in advance to train and learn from the USD coaches and players. Teams will be provided with two, 2.5 hour sessions to kick start your team camp.

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:

ELITE ALL-SKILLS CAMP

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

YOUTH ALL-SKILLS CAMP

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

YIPPIN YOTE CAMP (\$45)

TEAM CAMP (\$45 per athlete)

NIGHT IN DORMS (\$20 per night)

OPTIONAL: 1 DAY TRAINING (\$35 per athlete)

Send application with camp fee to:

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

Full amount enclosed: _____

**For more information & register online go to
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.