



2019 USD VOLLEYBALL WINTER CLINICS



For more information, go to Goyotescamps.com or contact the USD Volleyball Associate Head Coach Michael Runde:

563-451-3379 or email michael.runde@usd.edu

Online Registration Available or Send Form and Payment to:

**Michael Runde
414 E Clark St
Sanford Coyote Sports Center
Vermillion, SD 57069**



SESSIONS

- Sunday, January 20, 2019
- Sunday, January 27, 2019
- Sunday, February 3, 2019

CLINIC TIMES & FEES

- **High School Positional Clinic**
12-2pm | Grades 9-12

Cost: \$35 for each session or \$90 for all 3

The high school positional clinic will focus on specialized positional training for athletes looking to expand their game. The clinic will include skill specific instruction relevant to the specific position, combined positional work, and game play at the end. Athletes may attend an additional position throughout the camp.

- **Middle School All Skills Clinic**
2:15-4:15pm | Grades 6-8

Cost: \$35 for each session or \$90 for all 3

The middle school all skills clinic will focus on developing the all around game of the athlete. Each skill will be hit on, with game play at the end of each clinic.

- **Yippin Yotes Clinic**
4:30-5:30pm | Grades K-5

Cost: \$20 for each session or \$45 for all 3

The Yippin Yotes clinic will introduce basic volleyball concepts. The clinic will focus on skill development in a fun atmosphere with a lower net and lighter ball!

REGISTRATION FORM

Dates: Sunday, January 20 Sunday, January 27 Sunday, February 3

High School: 1 Session (\$35) 2 Sessions (\$70) 3 Sessions (\$90)

Middle School: 1 Session (\$35) 2 Sessions (\$70) 3 Sessions (\$90)

Yippin Yotes: 1 Session (\$20) 2 Sessions (\$40) 3 Sessions (\$45)

Child's Name: _____ **Age:** _____

Grade: _____ **Phone:** _____

Address: _____

Email: _____ **Position:** _____

Emergency Contact Name: _____

Phone: _____

Cost Paid in Full
make checks payable to USD Volleyball

T-Shirt Size: _____

I hereby certify that the South Dakota Volleyball Clinic Staff has full and unconditional authority to proceed with diagnosis and treatment as judgment indicates for injuries during camp. The South Dakota Volleyball Clinic and the University of South Dakota shall not be held responsible for any consequence resulting from such injuries.

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

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.

Guardian Signature: _____ **Date:** _____

USD sports camps and clinics are open to any and all entrants (limited only by number, age, grade level and/or gender). If you are a person with a disability and need special accommodation to fully participate in any university activity or event contact Disability Services at 605-677-6389 as soon as possible, but not later than 48 hours before the event so that appropriate arrangements may be made.