

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 2020 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 2020 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.

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 Residents Staying on Campus

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



CONTACT (FOR MORE INFORMATION)

For Hosted Camps - Shelly Stumpff
Shelly.Stumpff@usd.edu

319-930-0729

For Team Camp - Michael Runde
Michael.Runde@usd.edu

563-451-3379

For more information & to register online go to:

GOYOTESCAMPS.COM



- 2020-

COYOTE VOLLEYBALL CAMPS

LITTLE/BIG CAMP

July 8 • (Grades K-4)

YOUTH CAMP

July 9-11 • (Grades 5-8)

ELITE CAMP

July 12-14 • (Grades 9-12)

TEAM CAMP

July 16-17 • (Grades 9-12)
(July 15 - Optional Training Day)

CAMP DATES & FEES

YOUTH SKILLS CAMP (Grades 5-8)

July 9-11

CHECK-IN: July 9 at Noon; **CHECK-OUT:** July 11 at Noon

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

COMMUTER: \$225 (includes sales 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 12-14

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

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

COMMUTER: \$225 (includes sales 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.

**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 SUBJECTED TO A CANCELLATION FEE

LITTLE/BIG CAMP (Grades K-4)

July 8

6 - 8 p.m.

CAMP FEE: \$40 (includes sales tax)

A little fun for the whole family! Bring a parent or another adult with you to camp to participate in drills. Drills will be geared towards the younger campers with assistance from their adult helper, as well as USD coaches and players. Two t-shirts are included with each registration.

TEAM CAMP (Grade 9-12)

July 16-17

CAMP FEE: PER ATHLETE: \$60 (includes sales tax)

NIGHT IN DORMS: \$30 (per night per athlete)

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.

- \$200 deposit to hold your spot. Deposit will be applied to camper fees.
- No reffing responsibilities
- Up ref and score keeper provided
- Balls and carts will be provided
- Minimum number of athletes: 8
- Varsity and JV Divisions

OPTIONAL: ONE DAY TRAINING

July 15

COST: PER ATHLETE: \$40 (includes sales 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.

* limited spots available

2020 COYOTE VOLLEYBALL CAMP APPLICATION

Please Print

Camper's Name _____

Address _____

City _____

State _____ Zip _____

Grade, Fall 2020 _____ Age _____ Height _____

School _____

Email _____

Roommate Request (if applicable, form must be submitted by July 1 to guarantee roommate selection) _____

T-Shirt (circle two if attending the Little/Big Camp)

(Adult sizes) S M L XL XXL

(Youth sizes) 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)

☐ PARENT/CHILD CAMP (\$40)

☐ TEAM CAMP (\$60 per athlete)

☐ NIGHT IN DORMS (\$30 per night per athlete)

☐ OPTIONAL: 1 DAY TRAINING (\$40 per athlete)
*limited spots available

Send application with camp fee to:

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

☐ Full amount enclosed: _____

**For more information & to 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.