

University of Idaho - Volleyball Camp

*U of I comes to St. Maries
July 30-31, 2021 Location: St. Maries, HS Gym*

Indicate Session: _____ 9th-12th gr _____ 5th-8th gr

9th - 12th Grade in 21-22 School Yr.
2 Sessions: 12:30pm-3:30pm and 4:30pm-7:30pm
Early Registration: \$100 (Return by June 2, 2021)
Late Registration: \$120 (After June 2, 2021)

5th - 8th Grade in 21-22 School Yr.
1 Session: 8:30am – 11:00am
Early Registration: \$45 (Return by June 2, 2021)
Late Registration: \$65 (After June 2, 2021)

CAMP REGISTRATION FORM

Player's First Name Last Name

E-mail

Address

Date of Birth Age

City State Zip

Grade in 2021-2022 School Year

Home Phone Work or Cell Phone

Choose T-shirt Size (*Adult Sizes*): S

M L XL

MEDICAL HISTORY & RELEASE FORM

Emergency Contact

Relationship to Player

Emergency Contact's Home Phone

Emergency Contact's Work or Cell Phone

Physician's Name

Physician's Phone Number

HEALTH & GENERAL HISTORY:

List any activities that the player should be excluded from: _____

List any medication, name of the drug and dosage that the player must take during camp: _____

Note: The camp staff is not allowed to administer any medications. Please provide this information for emergency purposes only.

List any medical condition or medical history that would require special attention: _____

Circle or list those injuries/illnesses/conditions that the camper has had: _____

Concussions Joint Injury Bone Injury Surgery Heart Condition Asthma Diabetes

Make Check Payable to: St. Maries HS Volleyball

Mail Registration and Payment to: R. Fischer 3351 St. Maries River Road, St. Maries Idaho 83861

****Due by June 2, 2021 for early registration price. **Please note payments are non-refundable (COVID exception).***

HEALTH & GENERAL HISTORY CONT:

Circle any drug reactions/allergies that the camper has: _____

Penicillin Antibiotics Aspirin Other

Circle any allergies that the player has: _____

Hay Fever Asthma Eczema Insect Stings Seasonal Other

List any food allergies that the player has: _____

HEALTH INSURANCE INFORMATION

Health Insurance Provider

Claims Phone No.

Policy Number

Group Number

Policy Holder's Name

Policy Holder's D.O.B

Policy Holder's Phone No.

Policy Holder's Employer

PARENT/GUARDIAN CONSENT

Medical Release and Waiver: *Must be completed by a parent or guardian.*

In the event of an emergency requiring medical attention, I hereby grant permission to any physician, hospital personnel, and/or U of I Volleyball Camp Staff and St. Maries Staff to attend to my child.

I, the undersigned, understand that there are risks associated with strenuous physical exertion and with this event. In consideration of the right to participate in the University of Idaho Volleyball Camp. I hereby assume all risks associated with this event and I hereby waive, release, and discharge any and all claims for damages, personal injury of any kind which may hereafter occur to me, my daughter, or to any other person as a result of participation in this event. This waiver and release shall be binding on my heirs and assigns and shall run in favor of U of I and St. Maries Volleyball Staff; all host locations, or anyone else connected with this event.

I also grant permission for use of any photographs and/or video taken of my child during the camp for display, publication in print or Internet, advertising promotion, or other commercial use by U of I Volleyball and St. Maries School.

Signature of Parent/Guardian

Date

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