



WILDCAT VOLLEYBALL CAMPS

Please select your camp(s) and fill in all blanks on registration form. Print & mail complete registration along with payment made payable to: **Wildcat Volleyball Camp, 101 Ahearn Fieldhouse, Manhattan, KS 66506**

Camp Schedule & Location available at www.wildcatvolleyballcamps.com. Visit the specific camp page for details.

May 9, 2020 _____ Junior Wildcat 1 [Grades K-5th] \$45.00

June 6, 2020 _____ Junior Wildcat 2 [Grades K-5th] \$45.00

June 7-8, 2020: _____ ALL SKILLS SESSION 1 [Grades 6th & Up]

CIRCLE ONE: Resident [DORM] \$295 -- Commuter \$255

June 7-8, 2020: _____ ELITE CAMP [Grades 9th & Up]

CIRCLE ONE: Resident [DORM] \$295 -- Commuter \$255

ELITE CAMP is NOT by invitation.

July 10-11, 2020: _____ ALL SKILLS SESSION 2 [Grades 6th & Up]

CIRCLE ONE: Resident [DORM] \$295 -- Commuter \$255

July 10-11, 2020: _____ ELITE CAMP [Grades 9th & Up]

CIRCLE ONE: Resident [DORM] \$295 -- Commuter \$255

ELITE CAMP is NOT by invitation.

Camper submits completed registration along with full payment.

INDIVIDUAL CAMP REGISTRATION:

CAMPER First/Last Name: _____

CAMPER Home Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

PARENT Emergency Contact [list both names]: _____

PARENT CELL PHONE: _____ **ALTERNATE CELL PHONE:** _____

Parent Email Address **required for email confirmation:** _____

Camper Personal Info:

Date of Birth: ____/____/____

Height: _____ ft. ____ in.

High School Graduation Year: _____

Grade Fall 2020:** _____ **School:** _____

POSITION [circle one]: JrWildcat Setter Outside Middle Opposite Libero/DS

HS Volleyball Letters Won? (or N/A): _____ **Club:** _____ **# Years Club:** _____

T-SHIRT SIZE [select one]: YouthMed YouthLarge AdultSmall AdultMed AdultLarge AdultXL

INSURANCE INFORMATION [REQUIRED]:

POLICY HOLDER Name: _____

Insurance Company: _____ **Group/Policy #:** _____

Insurance Company Phone (on card): _____

HEALTH INFORMATION [REQUIRED]:

Allergies (PLEASE LIST or N/A):

Medications/Prescriptions (PLEASE LIST or N/A):

Injuries/Date Occurred/Medical Conditions/Special Instructions (please list any medical conditions or special instructions):

RESIDENT CAMPERS ONLY – List up to 3 roommate preferences:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

WILDCAT VOLLEYBALL CAMP WAIVERS:

AGREE TO TERMS:

The NCAA Guidelines, Release of Liability and Consent for Treatment of a Minor must be read and agreed upon by parent/guardian of all campers. Please read the following statements. Your signature on the registration form is required.

NCAA Guideline Statement

NCAA Guidelines prohibit payment of camp expenses (ex: transportation, camp fees, spending money, etc) by a representative of K-State Athletics, Inc Interests. NCAA Rules also prohibit free or reduced camp admission for prospects (9th grade and above). By agreeing to terms, I affirm that I have read and understand the NCAA legislation as it pertains to the payment of camp expenses for the camper listed on the registration form. I understand that any violation of NCAA rules may jeopardize the NCAA eligibility of my son/daughter.

Assumption of Risk/Release of Liability

I, the undersigned, of the camper named on the registration form, hereby acknowledge that he/she is covered by medical insurance as listed above. It is further understood that Kansas State University and/or K-State Athletics, Inc. does not provide medical insurance covering injuries of any nature incurred at the Wildcat Volleyball Camps. The undersigned hereby releases Kansas State University, K-State Athletics, Inc., and Wildcat Volleyball Camps, its successors, assigns, agents, and employees, from any and all claims, demand and causes of action whatsoever in any way growing out of or resulting from participation of the forenamed camper in the 2020 Wildcat Volleyball camps/clinics.

Consent for Treatment of a Minor

Parent/Guardian: By agreeing to terms, I grant permission for medical treatment to the forenamed camper in case of an emergency while on the Kansas State campus. I, the undersigned, authorize the staff of the Wildcat Volleyball Camps/Clinics to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Wildcat Volleyball Camps/Clinics from any and all liability for any injuries or illnesses incurred while at camp/clinic. I have no knowledge of any physical impairment that would be affected by the forenamed campers' participation in the camp program as outlined in the registration information. I am bound to hold the Kansas State University, K-State Athletics, Inc., Wildcat Volleyball Camps/Clinics, staff, trainers, local hospitals, health center, and its staff and physicians, harmless from any and all consequences of such treatments, diagnosis, or surgery; that these duties are performed with ordinary care, and to the best of their ability. In the event of an emergency, our athletic trainer will attempt to contact parent/guardian promptly to communicate the nature and seriousness of the situation.

X _____

Parent/Guardian Signature [REQUIRED]

Payment Information

\$ _____ Amount of Payment

Mail payment and completed registration form to: **Wildcat Volleyball Camp, 101 Ahearn Fieldhouse, Manhattan, KS 66506**

LEAVE BLANK - FOR OFFICIAL USE ONLY

_____ Enclosed check _____ Enclosed money order