



WILDCAT VOLLEYBALL CAMPS

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

July , 2020

Team Camp \$100 Per Player

Complimentary for Coach(es) – **All Coaches attending need to register online.**

****GRADES – USE GRADE ENTERING for FALL 2020****

Camper submits completed registration along with full payment.

TEAM/CLUB – INDIVIDUAL REGISTRATION:

Each camper must complete the registration form and submit the parent-signed waiver page along with full payment.

TEAM or CLUB Name: _____

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 **required for email confirmation**: _____

Camper Personal Info:

Date of Birth: ____ / ____ / ____

Height: ____ ft. ____ in.

High School Graduation Year: _____

Grade Fall 2020** : _____ School: _____

POSITION [SELECT ONE]: Setter Outside Middle Opposite Libero/DS

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

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

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):

WILDCAT VOLLEYBALL CAMP WAIVERS (One Waiver page per Team Camper required):

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**

FOR OFFICIAL USE ONLY [leave blank]

_____ Enclosed check

_____ Enclosed money order