Cyclone Volleyball Camps

Registration Form

Camper Information

Name: ______________________________
First *Last*

Address: ______________________________
Street Address *Apartment/Unit #*

____
City *State* *ZIP Code*

Home Phone: ( ) ______________ Camper's Cell Phone: ( ) ______________

Email: ______________________________
Email used to send Confirmation Letter

Birthdate: / / Grade (next fall): ______________

T-Shirt Size: Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult XL ☐

Roommate Preference: ______________________________

High School (Team Camp): ______________________________

Parent/Guardian Information

Name: ______________________________
First *Last*

Work Phone: ( ) ______________ Emergency Contact Phone: ( ) ______________

2018 Camps

Junior Cyclone	Hitter	All Skills Gold	Setter	Libero	Setter/ Libero
June 11-14	*June 15*	*July 17-19*	*July 11*	*July 12*	*July 11-12*
$105 ☐	$115 ☐	Commuter $230 ☐ Resident $315 ☐	$115 ☐	$115 ☐	Commuter $200 ☐ Resident $250 ☐

Team Camps

Cyclone	Cardinal	Gold
July 26-27	*July 28-29*	*July 30-31*
$70 ☐	$70 ☐	$70 ☐

Contact jklein@iastate.edu to request a team spot

TOTAL DUE: $

Up to seven days before the camp you registered for begins, you may receive 90% refund (10% administrative charge) in the event of illness, injury, or family emergency.
From six to one day before the camp you registered for begins, you may receive 50% refund (50% administrative charges) in the event of illness, injury, or family emergency.
Once the camp you registered for begins, there is no refund in the event of illness, injury, or family emergency

Method of Payment

Credit Card ☐

Credit Card Type: ______________________________

Credit Card #: ______________________________ Exp. Date ______________

Signature: ______________________________ Date: ______________

Check ☐

Make Checks Payable & Return to:

Cyclone Volleyball Camp
Iowa State University
Hilton Coliseum
Ames, IA 50011-1140

Phone: (515) 294-9465
Fax: (515) 294-4882
E-mail: jklein@iastate.edu
Or register online at www.cyclonevolleyballcamps.com

Name of Participant *(print full legal name)* ____

Birth Date____________________________ **Gender** (circle one) Male Female

Camp(s) (Circle all attending) Jr. Cyclone All Skills-Cardinal All Skills-Gold Setter Libero Team ____________
School Name

Release and Medical Authorization

The release and the treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the camp/clinic must also sign. In order for students to participate in camp activities, we must have this form prior to the camp's start date. Otherwise, parent or guardian must be contacted prior to release to participate.

Release of Liability, Medical and Surgical Authorization

In consideration of the Cyclone Volleyball Camps of Iowa State University granting the student permission to participate in Cyclone Volleyball Camps, I hereby assume all risks of his or her personal injury (including death) that may result from any Cyclone Volleyball Camp activity. As guardian I do hereby release the State of Iowa, Iowa State Board of Regents, Iowa State University, Cyclone Volleyball Camps and their officers, employees, agents, all instructors, and all participants in said Cyclone Volleyball Camps from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in Cyclone Volleyball Camps activities.

In addition, I hereby authorize and give my consent to the health authorities of Iowa State University or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Iowa State University Health Service or other hospitals and clinics.

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp.
(Each camper must provide his/her own medical insurance.)

Image and Voice Permission

Photographic images or video/audio recordings may be taken of you and/or your child during program activities. Unless you request otherwise, this Agreement will be considered permission for Iowa State University to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using your image or voice or your child's image or voice in this manner, please notify the program leader, in writing, upon submission of this Agreement.

Insurance Information (please print)

Name____

Insurance Company ____

Insurance Co. Address ____

Policy No. ____

Policy Holder____

Does your insurance carrier require prior approval? Yes No

Parent's/Guardian's Signature___________________________Date________