



# Cyclone Volleyball Camps

Camper Name: \_\_\_\_\_ Camper Birthdate: \_\_\_\_\_

Address *street, city, state, zip*: \_\_\_\_\_

Parent name: \_\_\_\_\_ Parent phone: \_\_\_\_\_

Parent email: \_\_\_\_\_

Camper email: \_\_\_\_\_ Camper phone: \_\_\_\_\_

Grade next fall: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Tee Shirt Size: \_\_\_\_\_

Unisex

Roommate Preference: \_\_\_\_\_

(Roommate only for All Skills Gold Resident or Setter/Libero Combo Resident)

## Individual Skill Camps

- Junior Cyclone Camp, June 13-18, \$105
- Hitter Camp, June 23, \$115
- Serving Camp 1, June 23, \$50
- All Skills Gold Resident, July 7-9, \$315
- All Skills Gold Commuter, July 7-9, \$230
- Setter Camp, July 14, \$115
- Libero Camp, July 15, \$115
- Setter/Libero Combo Resident, July 14-15, \$275
- Setter/Libero Combo Commuter, July 14-15, \$205
- Serving Camp 2, July 14, \$50

\*\*The State of Iowa now requires we charge 7% sales tax\*\*

## Team Camps

- Cyclone Team Camp, July 27-28, \$75
- Team Camp Cardinal, July 29-30, \$75
- Team Camp Gold, Aug 1-2, \$75

## Spring Clinics

- Little Cyclones, \$60  
March 23, 30, Apr 6, 13
- Cyclone Volleyball Clinic, \$200  
Feb 17, 24, Mar 2, 9, 23, 30,  
Apr 6, 13

## Payment

Credit Card: Card Type *no AmEx*: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Card Number: \_\_\_\_\_  
Total + 7% tax

Expiration Date: \_\_\_\_\_ Cardholder Address: \_\_\_\_\_

Check: Make Checks Payable to: Cyclone Volleyball Camps  
Hilton Coliseum  
Ames IA 50011

**Refund Policy:** 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.



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Name of Participant *(print full legal name)*

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**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 \_\_\_\_\_