



## Beth Kuwata Volleyball Camp Series 2010

### Camp: *One Day Skills Camp*

Please fax all registrations to 303.871.2800 Checks payable to: *Beth Kuwata Volleyball  
University of Denver 2201 East Asbury Ave. Rm. 3408 Denver, Co 80208*

#### July 11<sup>th</sup>:

AM Session:  Setting I  Attacking I      PM Session:  Blocking/Transition Attacking  Defense-floor

#### July 12<sup>th</sup>:

AM Session:  Setting II  Attacking II      PM Session:  Passing/Serving       Libero Training

### Player Info:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_

Position:  Setter  Outside  Right Side  Middle  Libero

Club Name/Yrs Played: \_\_\_\_\_

High School or Middle School Name: \_\_\_\_\_

T-Shirt Size:  XS  Small  Medium  Large  XL

### Medical Info:

Insurer Name: \_\_\_\_\_

Insurer policy #: \_\_\_\_\_ Group Plan #: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Preferred Hospital for transport if needed: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Please list any other medical conditions and/or information: \_\_\_\_\_

### \*\*Authorized Individuals for pick-up camp:

### Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Beth Kuwata Volleyball Camp Series 2010**

### **MEDICAL CONSENT FORM**

The Beth Kuwata Volleyball Camp provides **SECONDARY** medical insurance for each **Camper** attending volleyball camp. Therefore, if the Camper is insured under his/her parent's private medical insurance, such insurance is **PRIMARY**. This medical insurance coverage is only available for accidents and injuries, **which occur while participating in the Beth Kuwata Volleyball Camp**. I hereby sign that I understand that **Beth Kuwata Volleyball Camp** provides secondary medical insurance for each Camper attending a volleyball camp. I also hereby sign that my insurance will act as a primary insurance for any accidents and injuries that occur to the above Camper while participating in the **Beth Kuwata Volleyball Camp**.

### **CONSENT TO MEDICAL TREATMENT**

The undersigned parent(s) or legal guardian(s) of the above-named Camper, do hereby consent and grant to the **Beth Kuwata Volleyball Camp** summer camp staff, coaches and trainers or medical physician(s) the authority to seek, obtain, approve and provide any medical treatment for the above-named Camper, which in their judgment is necessary for the health and well being of the Camper during her participation in the **Beth Kuwata Volleyball Camp**. The undersigned further give the above-referenced individuals and entities permission to secure emergency medical and/or surgical treatment to the Camper and to transport Camper to appropriate medical facilities, if necessary, while attending and participating in the summer camp. The undersigned further agree to release, hold harmless and indemnify the **Beth Kuwata Volleyball Camp, LLC**, Colorado Seminary (University of Denver), Division of Athletics and Recreation, and summer camp employees, staff, coaches and trainers, from any claims or damages which may arise from any accident or loss, however caused.

### **RELEASE OF LIABILITY**

The individual named above as "Participant," if over the age of 18, or his parent or legal guardian if the Participant is under the age of 18, hereby acknowledges that he or she authorizes Participant to participate in the **Beth Kuwata Volleyball Camp** and further acknowledges her full understanding and appreciation that there are risks of damage or injury associated with participation in CAMP. The person signing this document hereby represents that he or she has advised the **Beth Kuwata Volleyball Camp** staff of any facts known to him or her which would make the Participant more susceptible to injury or risk of injury as a result of participating in the CAMP than would be the average person of the same age. Any parent or legal guardian signing further represents that he or she has thoroughly explained to the minor Participant the risks associated with participating in the CAMP using language appropriate to the age and intellectual capacity of the Participant.

By signing this form, the Participant, or his parent or legal guardian, on behalf of himself, his heirs, assigns, legal and personal representative(s), agrees to assume all risks and responsibilities surrounding Participant's participation in the CAMP and further to release the **Beth Kuwata Volleyball Camp, LLC**, Colorado Seminary, the University of Denver, and all departments and divisions thereof from any claims, demands, actions, causes of action, lawsuits, expenses, or losses (including court costs and all reasonable attorney fees) he or she may have on account of property damage or personal injury (including death) arising out of or attributable to Participant's travel to or participation in the CAMP, whether such property damage or personal injury or death is caused by the negligence of the **Beth Kuwata Volleyball Camp, LLC**, Colorado Seminary, its trustees, employees or agents, or otherwise.

### **I/We certify that the above camper is in good health and able to participate in this program.**

\_\_\_\_\_ \*Please make sure you have checked all above boxes

PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN (IF UNDER THE AGE OF 18)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS & TELEPHONE NUMBER OF PARENT/LEGAL GUARDIAN (IF UNDER THE AGE OF 18)