



YOUTH SKILLS DAY CLINIC

6th-8th Grades

(open to boys & girls)

Date:

July 23rd-25th
1:00pm-3:30pm

Location:

ISU Redbird Arena
702 W. College Ave.
Normal, IL 61761

Cost:

\$45 per day / \$125 for all three days*

**sign up for all 3 and receive a T-shirt*

Mail to:

Illinois State Volleyball Camps
Campus Box 2660
Normal, IL 61790

Camp Details:

www.IllinoisStateVolleyballCamps.com

**Illinois State University Volleyball Camps, LLC are open to any and all entrants, in accordance with the NCAA Legislation (limited only by number, age, grade level, and/or gender). Illinois State University formally reaffirms its commitment to the principles of equal opportunity, affirmative action and diversity. Discrimination based upon race, religion, sex, national origin, disability, or veteran's status, is a violation of federal and state law and university policy and will not be tolerated. If you need special accommodation to fully participate in this activity or require special dietary needs, please contact Emily Siefken, in the ISU Volleyball Office, at [309-438-0703](tel:309-438-0703). Please allow sufficient time to arrange the accommodation.*

ILLINOIS STATE VOLLEYBALL CAMPS, LLC.



Youth Skills Day Clinic: Grades 6th-8th

ATHLETE REGISTRATION INFORMATION

Athlete Name _____
Address _____

Grade _____
Date of Birth _____

Email _____
Phone _____

Insurance Co. _____
Policy # _____
Policy Holder _____

Guardian Name _____

Name _____

Guardian Phone _____

Insurance _____
Company Phone _____

Please circle dates:

JULY 23 JULY 24 JULY 25
ALL THREE DATES: T-shirt size _____

Relevant Health History

PAYMENT INFORMATION: \$45 per day or \$125 for all 3 dates

Cash or Check Acceptable

Checks Payable to: Illinois State Volleyball Camps, LLC Check Number: _____

Memo: Please write first and last name of athlete in check memo

RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Illinois State Volleyball Camps, LLC, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party. I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Illinois State Volleyball Camps, LLC does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services. In consideration of my participation in and the use of the Illinois State Volleyball Camps, LLC premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Illinois State Volleyball Camps, LLC.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18 OR applicant is insured by parents/guardian.

Parent or Guardian Signature: _____ Date: _____

Adult Participant Signature: _____ Date: _____

Printed Name: _____