

University of Dubuque Volleyball July 2018 Skill Clinics

Attacking and Blocking - July 9

Setting and Serving - July 10

Passing and Defense - July 11

Cost is \$80 for all three sessions, or \$30 per session.

All clinics held in air-conditioned Stoltz gym
and are open to girls and boys:

entering 9th-12th grades from 10:00-11:30AM

entering 6th-8th grades from 1:00-2:30PM

Please contact Coach April Elsbernd with questions:

aelsbernd@dbq.edu or 563-589-3231

Register online at www.udvbcamps.com or

return form and waiver on the back with check to:

University of Dubuque Athletics

Attn: Karla Weber

2000 University Avenue

Dubuque, IA 52001

Make checks out to: University of Dubuque



Parent/Guardian Release

University of Dubuque (UD) "Hold Harmless Agreement-Waiver and Release of Claim Form"

- Each participant's parent/guardian must complete this form prior to their son/daughter's participation in the event taking place at the University of Dubuque. Please read this form carefully and be aware that you will waive and releasing all claims for injury/illness sustained arising out of this activity by your son/daughter.
- As the parent/guardian of the participant, I certify that he/she is physically/mentally able to participate in this activity. Furthermore, permission is hereby granted to UD to provide necessary first aid treatment for the participant as well as permission to transport to a medical facility.
- Please recognize that the University of Dubuque does not carry medical insurance for injuries/illness sustained arising out of this activity. It must be noted that the absence of health insurance coverage does not make UD responsible for payment of medical expenses.
- In consideration for the participant's involvement in this UD activity, I agree to assume all risk and fully release from all liability UD, member of the University community, its directors, officers, trustees, agents, servants and employees, as a result of participating in this activity.
- I agree to waive and relinquish all claims I may have against the UD community, its directors, officers, trustees, agents, servants, and employees, as a result of participating in this activity.
- I further agree to indemnify and hold harmless UD, members of the UD community, its directors, officers, trustees, agents, servants, and employees from any and all claims from injuries/illness including death, damages and losses sustained by my child or rising out of, connected with, or in any way associated with my participation in this activity. This will include holding the University of Dubuque harmless from negligence on the part of the University of Dubuque.

Parent/Guardian's Signature and Participant's Signature is required on this form to confirm that you have read and agreed to all aspects of the "Hold Harmless" Agreement-Waiver and Release of Claims

Participant's Name: _____ Age: _____
Participant's Signature: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Participant DOB: _____
Are there any medication allergies or other physical concerns that the competition staff should be aware of?

Parent/Guardian's Name: _____ email address: _____
Parent/Guardian Signature: _____ Date: _____
Phone: _____ Emergency Phone: _____
Payment (Cash or Check): _____ T-shirt Size _____
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Please check the session(s) your athlete will be attending:

Age Group:

- _____ Entering 6-8 grades (PM session)
_____ Entering 9-12 grades (AM session)

- _____ Attacking and Blocking - July 9 (\$30)
_____ Setting and Serving - July 10 (\$30)
_____ Passing and Defense - July 11 (\$30)
_____ All three sessions (\$80)