

# **University of Dubuque Volleyball High School Skill Clinics June 2020**

**Attacking and Setting - June 23**

**Passing and Serving - June 24**

**Defense and Team Concepts - June 25**

Cost is \$100 for all three sessions, or \$35 per session.

All clinics held in air-conditioned Stoltz gym and are open to girls and boys entering 9th-12th grades.

All campers will receive a custom UD volleyball.

**June 23rd-25th from 9:30AM-11:30AM**

Please contact Coach April Elsbernd with questions:

aelsbernd@dbq.edu or 563-589-3231

Register online at [www.udvbcamps.com](http://www.udvbcamps.com) or

return form and waiver on the back with check to:



University of Dubuque Athletics

Attn: Volleyball

2000 University Avenue

Dubuque, IA 52001

Make checks out to: University of Dubuque



Parent/Guardian Release 2020

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: \_\_\_\_\_ ent. grade: \_\_\_\_\_

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): \_\_\_\_\_

udoct.

Please check the session(s) your athlete will be attending:

\_\_\_\_ Attacking and Setting - June 23rd \$35 \_\_\_\_ Passing and Serving - June 24th (\$35)

\_\_\_\_ Defense and Team Concepts - June 24th (\$35) \_\_\_\_ All three sessions (\$100)