

# Grayson DuBose's Volleyball Team Camp 2017

TEAM REGISTRATION FORM – Questions please contact Robbie Gerber at 435-797-0860 or [robbie.gerber@usu.edu](mailto:robbie.gerber@usu.edu)

## Team Camp: July 17-21, 2017 Registration:

Each player must have the appropriate liability and waiver forms found at the following website: [volleyballcamp.usu.edu](http://volleyballcamp.usu.edu)  
Found under packets and forms

School Name: \_\_\_\_\_

Team Skill Level: V or JV

**Team Coach:** Coaches must submit a team roster registration with each player's information. The roster **can be submitted online or emailed in after downloading and filling out the team roster**

Coach: \_\_\_\_\_ High School: \_\_\_\_\_  
(Male Coaches will dorm in separate halls – Each team gets **ONE** chaperone or coaches' meals and lodging covered by the school registration)

Female Chaperone: \_\_\_\_\_  
(If the coach is male - each team must provide a female chaperone)

REGISTRATION FEE:

**Commuter Team Registration (NO LODGING OR MEALS):** (Includes: Guaranteed 9 matches and tournament play)

- 1st Team \$150 per player (No room or meals provided) X \_\_\_\_\_ number of players  
 2nd Team \$140 per player (No room or meals provided) X \_\_\_\_\_ number of players

Balance due by July 3, 2017

### Meal Package Option:

- \$80 per player (8 Meals - starts with Dinner on July 17 and ends with Lunch July 21 – Does not include breakfast)  
X \_\_\_\_\_ number of players needing meal package

**Overnight Registration:** (Includes: Guaranteed 9 matches and tournament play, 12 meals and 4 nights lodging, **must provide one chaperone per team**. Each additional chaperone will be charged an additional fee.

- 1st Team \$280 per player X \_\_\_\_\_ number of players  
 2nd Team \$270 per player X \_\_\_\_\_ number of players

**Additional Chaperones/coaches – covers 12 meals and 4 nights lodging:**  
\$200.00 per coach/chaperone X \_\_\_\_\_ number adnl. Chaperones or coaches  
M \_\_\_ F \_\_\_ (Please indicate gender) – 1 free coaches/chaperone meals/lodging  
Covered with school registration)

Balance due by July 3, 2017

**Cancellation Policy:** A written cancellation must be post marked by July 10, 2017 in order to receive a refund less a \$75 processing fee. No refunds will be given after the cancellation date. Substitutions will be accepted with advance notice. Utah State reserves the right to cancel this program due to insufficient enrollment and limits liability to registration fee

Number of players bringing to camp: \_\_\_\_\_

Subtotal Payment: \_\_\_\_\_

**Method of Payment:**

- Check enclosed made payable to Utah State University
- All major Credit Cards Accepted - Please contact our registration for payments: 1-800-538-2663

**T-shirt Sizes:** (please indicate the # of shirts for each size needed for your team:

A-S \_\_\_\_\_ A-M \_\_\_\_\_ A-L \_\_\_\_\_ A-XL \_\_\_\_\_

**Coaches must fill out this Roster and Submit to:** UICC Registration Services

**Mail to:** USU Conference Services  
PO Box 413135  
Salt Lake City, UT 84141-3135

SCHOOL: \_\_\_\_\_  
 COACH: \_\_\_\_\_ Team Skill Level: Varsity JV  
 ADDRESS: \_\_\_\_\_  
 Ph # \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*PLEASE PRINT CLEARLY\*\*\*\*\*

Team # \_\_\_\_\_

Team Roster (If you have multiple teams please make copies and fill out this roster for each team.)

**Player #1** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Street, City, State, Zip)

Graduation Year \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

**Player #2** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Street, City, State, Zip)

Graduation Year \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

**Player #3** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Street, City, State, Zip)

Graduation Year \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

**Player #4** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Street, City, State, Zip)

Graduation Year \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

**Player #5** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Street, City, State, Zip)

Graduation Year \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

**Player #6** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Street, City, State, Zip)

Graduation Year \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

**Player #7** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Street, City, State, Zip)

Graduation Year \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

**Player #8** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Street, City, State, Zip)

Graduation Year \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

**Player #9** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Street, City, State, Zip)

Graduation Year \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

**Player #10** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Street, City, State, Zip)

Graduation Year \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

GRAYSON DUBOSE TEAM VOLLEYBALL CAMP 2017  
EACH PLAYER MUST PROVIDE A COPY OF THIS FORM AT CHECK IN

## Insurance and Liability Waiver:

---

- I understand that I am required to have accidental medical coverage for the child listed on this waiver, and I verify that the information provided on this form is accurate and true.
- I understand and agree that if I do not have accidental medical coverage for the child listed on this waiver, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.
- In case of an injury, I authorize the staff of Grayson DuBose's Volleyball Camps and Utah State University to render first aid.
- I understand that at the discretion of the camp supervisor and staff my child may be dismissed from the camps without refund for inappropriate behavior.
- I understand that at the conclusion of the scheduled camp time the program and staff are no longer responsible for my child.
- I give permission to use, reprint and produce any photographs or videos taken of me or my child and written materials supplied by me or my child in the form of evaluation during the youth sports program.
- I hereby authorize the Grayson DuBose's Volleyball Camps 2017 staff to act for me in case of an emergency and waive and release Grayson DuBose's Volleyball Camps 2017 coaches, clinicians and Utah State employees and staff from any and all liability and for any injuries and illness occurred while at camp:

---

Parent/Guardian Signature

---

Insurance Company

---

Policy Number

---

Emergency Contact Phone Number

---

Emergency Contact

**(Ok to duplicate as needed)**

# GRAYSON DUBOSE'S VOLLEYBALL TEAM CAMP 2017

## Informed Consent, Photo Release, and Permission for Participation in Activity

Participant's name: \_\_\_\_\_

**Activity date and times:** July 17, 2017 at 1:30pm— July 21, 2017 at 4:00pm

**Activity location:** Utah State University campus – Logan, Utah

**Activity description:** Volleyball pool play and tournament

**Transportation to and from activity:** On their own to arrive at camp

**Special conditions of activity:** Risks and dangers may include, but are not limited to, falls, falling objects and broken or improperly used equipment, which could result in damage to or loss of property, illness or disease, physical or mental injury or death of participant or other persons. Injuries that may result from participation in this activity may include, but are not limited to, cuts, bruises, sprained joints, broken bones, psychological trauma, infection, and death.

### Medical Condition

Participant should be free from any known physical or health problems that could prevent participation in the activities associated with the program or activities described above.

Listed below are known allergies and medical or physical conditions that may restrict my participation in the program (write none

If none): \_\_\_\_\_

\_\_\_\_\_

If these conditions could cause a medical emergency during the program, a medical doctor has to be consulted prior to the program and a written statement must be obtained from the medical doctor stating that the condition should not be a problem during participation in the program. The doctor's statement must accompany this document.

### Liability Release

I further agree to release Grayson DuBose's Volleyball Camps and Utah State University, its officers, employees, agents and volunteers from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising out of participating in the aforementioned activity whether caused by negligence of releases or otherwise except that for which they are solely responsible.

### Photo Release

Participants in Grayson DuBose's Volleyball Camps and USU events are sometimes photographed and videotaped for use in Grayson DuBose's Volleyball Camps and USU promotional and educational materials. I authorize Grayson DuBose's Volleyball Camps and USU to record and photograph my image and/or that of my child for use by Grayson DuBose's Volleyball Camps and USU or its assignees in research, educational and promotional programs. I understand these audio, video; film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

**I have read and understand the nature of the activity and its inherent risks and I knowingly give consent for participation.**

Participant's name: \_\_\_\_\_

Participant's signature: \_\_\_\_\_

### Under 18 years of age

Parent(s) or Legal

Guardian(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be presented onsite the day of the program in order for you to participate. No exceptions.  
Youth participant forms signed by advisors will not be accepted!**

**(Ok to duplicate as needed)**