



2019 Panther Volleyball Camps

Check the camp(s) you are registering for below, enclose check and mail back to Jenifer Bahner, c/o Panther Volleyball, 900 N Benton Ave. Springfield, MO 65802:

Junior Panther Volleyball Camp ____ Friday, May 31, 9am-4pm, Grades 1 - 5; Cost \$55 (Activity included)

Skill Clinic I, Saturday, June 8, Grades 7 - 12

____ AM Session 9:30-12:00 (Serve and Serve Receive); Cost \$30

____ PM Session 1:00-3:30 (Setting OR Attacking); Cost \$30. Circle Position: Setter Attacker

Middle School Camp

____ Camp 1: June 10 - 12, 6pm-9pm, Grades 5 - 8; Cost \$95

____ Camp 2: July 8 - 10, 6pm-9pm, Grades 5 - 8; Cost \$95

Position Clinic

____ Saturday, June 15, 9am - 4pm Grades 7 - 12; Cost \$75

Position (circle ONE): S OH/RS MB DS/L

Skill Clinic II, Saturday, July 13, Grades 7 - 12

____ AM Session 9:30 - 12:00 (Defense); Cost \$30

____ PM Session 1:00 - 3:30 (Blocking and Attacking); Cost \$30

High School Elite Camp

Fri through Sun, July 19 - 21 Grades 9-12

Position (circle ONE): S OH/RS MB DS/L

____ Commuter Cost \$190

____ Resident Cost \$250 Roommate Preference: _____

Register on-line or get more information at www.druryvolleyballcamps.com
or contact Jenifer Bahner at (417)873-6824 or email at jbahner@drury.edu.

Name _____ Address _____ City _____

State _____ ZIP _____ Parent Phone _____ Email _____

Grade (fall) _____ School _____ Shirt Size: YM, YL, Sm, M, L, XL

Please make checks payable to: Jenifer Bahner I am enclosing a check for \$ _____

Release/Waiver: All campers must have their own medical coverage. The Panther Volleyball Camp (PVC) provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play/participate unless insurance information is listed below and form is signed by a parent or legal guardian of each camper.

I/We, the undersigned, hereby acknowledge and understand that the PVC is a privately run sports camp, and it is not operated by or through Drury University (DU). The camps is neither sponsored, controlled, nor supervised by DU, but rather, is under the sole sponsorship, control, and supervision of the Camp Director. I/WE, the undersigned, for ourselves and our heirs, executors, and administrators, waive, release, and forever discharge DU and the PVC and its staff, officers, agents, employees, representatives, successors and assign any and all liability claims, demands, actions, and causes of action whatsoever arising out of related to any loss, personal injury or property damage that may be sustained or occur during participation in camp activities or while at camp.

I hereby authorize the staff of the PVC to act for me according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp. I/We also understand that camp retains the right to use for publicity and advertising purposed photographs of campers taken at camp. This camp admits all qualified applicants without regard to disability, race, color, religious, national or ethnic origin.

Camper's DOB _____ Insurer's Name _____ Policy Holder's Name _____

Policy # _____ Allergic Reactions _____

Medications Taking _____

Parent/Guardian Signature _____ Date _____