



### 2020 Satellite Volleyball Camps

*You Pick the Dates & Times and we come to your Gym for private instruction with your athletes*

Camp Options: (tshirt included)

**6 Hours:** \$50 per athlete, **9 Hours:** \$70 per athlete, OR **12 Hours:** \$95 per athlete

Satellite Camp Attending: \_\_\_\_\_

Get more information on Panther Volleyball Camps hosted at our campus at: [www.druryvolleyballcamps.com](http://www.druryvolleyballcamps.com)  
or contact Jenifer Bahner by email at [jbahner@drury.edu](mailto:jbahner@drury.edu).

Name \_\_\_\_\_ Height \_\_\_\_\_ Position(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Player Phone \_\_\_\_\_ Player Email \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Grade (fall) \_\_\_\_\_ School \_\_\_\_\_ Shirt Size: YM, YL, Sm, M, L, XL, 2XL

**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 camp 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 \_\_\_\_\_