



Bearcat Volleyball Camps

Registration Form

Camper Information

Name: _____
First Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Camper Cell Phone: ()

Email: _____

Birthday: / / Grade (Next Fall): _____
Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

T-Shirt Size: ☐ ☐ ☐ ☐ ☐ ☐

Roommate Preference: _____

High School: _____ Position Played: _____

Coaches Name: _____ Phone Number: _____

Parent Guardian Information

Name _____
First Last

Work Phone () Emergency Contact Phone: ()

2017 Camps

Elite Camp	Mini Cat Camp	All Skills Camp	Team Camp
July 10 th -12 th	July 11 th	July 18 th -19 th	July 14 th – 16 th
Resident		Resident	Resident
\$265	\$50	\$135	\$150
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commuter		Commuter	Commuter
\$225		\$115	\$110
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Total Amount Due: _____

Method of Payment

Check ☐ Make Checks Payable to: Northwest Missouri State Volleyball
800 University Dr.
Maryville, MO 64468

Credit Cards are accepted on online registration for Elite, Mini Cat, and All Skills Camps only.

Phone: (660) 562-1026

Email: alanaw@nwmissouri.edu

Register online at <http://www.bearcatvolleyball.com/>



Bearcat Volleyball Camps

Registration Form

Camper Medical Information

Name of Participant _____

Birth Date: _____

Camps: Elite Camp MiniCat All Skills Team

Does this camper take any medication? ☐ Yes ☐ No If yes please explain:

If camper has any limitations or health problems we should be aware of, please explain:

Emergency Contact Information

Name _____ Relation: _____

Work Phone First () Last Alternative Contact Phone: ()

ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY AGREEMENT

In consideration of the services provided by Northwest Missouri State University, its board, employees, volunteers, participants, and all other persons or entities acting in any capacity on its behalf (collectively referred to as "UNIVERSITY") in conjunction with the _____ ("Event"), I hereby agree to release, hold harmless, and discharge UNIVERSITY, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my participation in the Event entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
2. I expressly agree and promise to accept and assume all of the risks existing in this Event. My participation in this Event is purely voluntary, and I elect to participate despite the risks. I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in the Event, with the understanding that the cost of any such treatment will be solely my responsibility.
3. **I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against UNIVERSITY that relate in any way to any activity I undertake in conjunction with the Event, including transportation to and from the Event.**
4. Should UNIVERSITY or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I understand that UNIVERSITY does not maintain an insurance policy that would provide coverage in the event that I am injured during the Event or cause any injury during the Event. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the Event, or else I agree to bear the costs of such injury or damage myself.
6. I understand that UNIVERSITY may photograph, film, and/or record ("Medium") my participation in the Event. I authorize UNIVERSITY to use Medium and my likeness in conjunction with any UNIVERSITY marketing and/or promotional materials, including, but not limited to, social media accounts. I understand that I will not be compensated in any way for such use.

In the event that I file a lawsuit against UNIVERSITY, I agree to do so solely in the State of Missouri, and I further agree that the substantive law of Missouri shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

[Intentionally blank and continued on following page]

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement.

I further certify that I have read and understood it, and I agree to be bound by its terms.

I further acknowledge that this document contains a negligence waiver and indemnification provisions.

Signature of Participant: _____ Print Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Date: _____

PARENT'S OR GUARDIAN'S WAIVER

(Must be completed by all parents and guardians for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted to participate in the Event, I agree to be bound by the terms of this Agreement and further agree to waive any and all claims of negligence against UNIVERSITY which are brought by, or on behalf of Minor, and which are in any way connected with the Event, including transportation to and from the Event.

Parent or Guardian: _____ Print Name: _____

Date: _____

Parent or Guardian: _____ Print Name: _____

Date: _____