## **Big Blue Traveling Volleyball Camp**

 @ Clarinda High School August 1st
Grades – 9th-12th
Sessions 9:00-11:30 am and 1:00-3:30 pm

## Camp Director: <u>Kaleigh Anderson-</u> University of Nebraska Kearney Graduate Assistant Volleyball Coach

NAME STREET ADDRESS		<u>Tshirt Size:</u>
CITY	STATE	ZIP
HOME PHONE	ALT. PHONE	
E-MAIL ADDRESS		
GRADE ENTERING IN 2014	AGE	
PARENTS' NAMES		
CONTACT IN CASE OF EMERGENCY		

NAME

PHONE

## COST: \$35.00 APPLICATIONS DUE – <u>July 17<sup>th</sup></u> - PAYABLE TO <u>Kaleigh Anderson</u> <u>\*Return form and payment to: High School Volleyball Coach Jessica Lewey</u>

## \*<u>WAIVER AND RELEASE AGREEMENT</u>\*

Upon acceptance of this application, I hereby waive and release all rights and claims for damages I may have against Kaleigh Anderson, UNK Volleyball, or the Board of Regents of the University of Nebraska and its employees and agents on account of any injuries or illnesses sustained by my child while attending camp. I acknowledge that the Volleyball Camp does not provide medical insurance for campers. I assume the risks associated with participating at camp. I authorize the director of the volleyball camp or his designee to select hospital facilities and/or physicians of his choice and authorize treatment on an emergency basis if such treatment becomes necessary as a result of participating in the camp.

Parent or Guardian Signature

Date