

Drake Volleyball Satellite Camp

**Phil McDaniel Bulldog Volleyball Camp
Satellite Camp held at Central Middle School
For girls/boys entering 9th grade-12th**

June 22nd-June 23rd
(9:00 A.M.-11:30 A.M.; 1:00 P.M.-4:00 P.M.)

Lunch will NOT be provided

Cost of Camp is \$85.00 per Camper
All Participants will get a t-shirt

The camp director for the Bulldog Volleyball Camp is Drake University Head Volleyball Coach Phil McDaniel. Coach McDaniel has more than 10 years of coaching experience at the high school, club and Division I level. Other members of the camp staff will include Assistant Bulldog Coach Erin Hirsch; along with current Bulldog Players.

Please fill the out registration information and send along with payment to:

Dave Hirsch
Head Volleyball Coach
West High School
425 E. Ridgeway Ave.
Waterloo, IA 50702

Make checks payable to PMCD Bulldog Volleyball Camps

FOR MORE INFORMATION:

For more information or questions, contact either Coach Erin Hirsch at erin.hirsch@drake.edu or by phone at 515-271-3845 or Contact West High Volleyball Coach Dave Hirsch @ 433-2700 or hirschd@waterloo.k12.ia.us

Player Information

Name: _____ Address: _____

City, State, Zip: _____

Email address: _____

Cell Phone: _____ Home Phone: _____

Grade (Fall 2009): _____ Date of Birth: _____ Position(s): _____

T- SHIRT SIZE

Youth L ____ Adult S ____ M ____ L ____ XL ____

PARENTS RELEASE AND INDEMNITY CONTRACT

I grant permission to the staff of the PMCD ~ Bulldog Volleyball Camp to act on my behalf for my child in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event I cannot be reached, I hereby give consent to such medical treatment deemed necessary by a licensed physician. Permission is also granted to the athletic trainer to provide the necessary emergency treatment prior to the camper's admission to medical facilities. In addition, I hereby release all employees associated with the PMCD ~ Bulldog Volleyball Camp from all claims on account of any injuries, which may be sustained, by my child while traveling to, participating in and returning from the volleyball camp. We (I) also agree to indemnify the PMCD ~ Bulldog Volleyball Camp Staff of any claims, which may hereafter be presented by my minor child as a result of illness or accident while my child is at the PMCD ~ Bulldog Volleyball Camp. I also grant permission for any camp photographs or camp evaluations to be used by the PMCD ~ Bulldog Volleyball Camp for future volleyball camp promotions.

X

*****PARENT/GUARDIAN SIGNATURE & DATE*****

MEDICAL EMERGENCY INFORMATION

Parent (Guardian) _____ Phone # _____

Emergency Contact _____ Phone # _____

Physician _____ Phone # _____

Hospital Preference _____

In an emergency, we will attempt to contact the parent listed. If unavailable, the emergency contact will be called.
Please list any medications your child is taking and/or other concerns our staff should know about

INSURANCE INFORMATION

Please provide us with your current insurance information. We no longer need a copy of your card, just your current insurance information in case of emergency.

Insurance Company _____

Policy Holders Name _____

Policy # _____

Insurance Carrier Phone # _____