2018 DUHAWK TEAM CAMP

JULY 20-21



THE CLINIC: A specialized volleyball clinic conducted by the Loras College Women's Volleyball Coaches and Team

PLACE: Loras College Athletic and Wellness Center, 1600 Cox Street, Dubuque, Iowa

TEAM CAMP SESSION (TWO DIVISIONS)

Varsity - July 20, 2018 (5:00 p.m. - 9:00 p.m.) / July 21, 2018 (8:00 a.m. - 4:00 p.m.) Junior Varsity - July 20, 2018 (5:00 p.m. - 9:00 p.m.) / July 21, 2018 (8:00 a.m. - 4:00 p.m.)

COST: \$50 non-refundable team deposit due by July 1

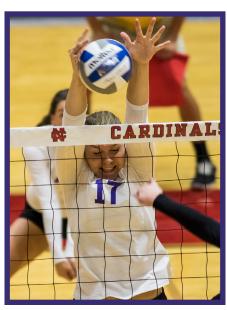
\$60 non-refundable team deposit for teams registering after July 1 \$30 registration fee per player due at check-in (includes t-shirt)

DEADLINE: Registration, payment, and <u>filled out and signed waiver</u> for the clinic are due by July 1, 2018
Your registration is <u>NOT COMPLETE</u> until Waiver and Release is <u>FILLED OUT AND SIGNED</u>
** Each player must have a completed waiver and release in order to participate **

CLINIC DIRECTOR - JENNA NESS: Head Coach Jenna Ness completed her fourth season as the Loras College Women's Head Volleyball Coach. This year's clinic will also be directed by current members of the Loras Women's Volleyball Team.

FOR MORE INFO, CONTACT COACH JENNA NESS AT 563.588.7459 OR JENNA.NESS@LORAS.EDU









2018 LORAS COLLEGE TEAM VOLLEYBALL CAMP REGISTRATION FORM

TO REGISTER YOUR TEAM: Please send in this sheet ASAP with \$50 non-refundable deposit due by July 1. \$30/per player fees due at check-in on July 20.



School: Coach: Address: State/Zip:				
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#	PLAYER NAME	POS.	GRAD YR.	T-SHIRT SIZE
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	INDEMNIFICATION AGREEMEN WAIVER AND RELEASE OF ALL CLA PERMISSION TO SECURE TREATM Loras College 2018 Volleyball Team Camp - J	AIMS ENT	-	
claims for in	this form carefully and be aware that by participating in the Loras College Volleyball Team Cam juries, agreeing to indemnify, hold harmless and defend Loras College from all claims arising ou nergency healthcare at your expense.	np on July 20-21, 2018 (h t of such injuries even if	nereinafter Event) you wil caused by Loras College a	l be waiving and releasing and authorizing Loras Coll
collectively and hereby	f of myself and, on behalf of any child/ward of mine participating in the Event as well referred to as "Participant"), acknowledge understanding of the requisite skills and cargree to assume the full risk of any injuries, including death, damages or loss regardled with, or in any way associated with the Event.	qualifications necessary	to properly and safel	y participate in the Ev
fully release or which m	agrees to waive and relinquish all claims Participant may have as a result of the Even e and discharge Loras College and its employees and agents from any and all claims f hay accrue to Participant as a result of, or arising out of, connected with, or in any wa employees or agents.	for injuries, including d	leath, damage or loss v	which Participant may h
Participant death, dam	further agrees to INDEMNIFY AND HOLD HARMLESS AND DEFEND Loras College and it ages and losses sustained by Participant as a result of, arising out of, connected with, or lege, its employees or agents	ts employees and age r in any way associated	nts from any and all c I with the Event, even i	laims for injuries, includ f caused by the neglige
insurance p	further understands that Loras College does not carry insurance for injuries sustained solicy for any injuries sustained in connection with or arising out of this Event. Par the responsible for payment of medical or other expenses.	d by Participant. The rticipant's failure to pu	refore, Participant must Irchase health insurance	look to their own hea e coverage does not m
In the eve	nt of an emergency, Participant authorizes Loras College to secure any treatment de nd agrees to be responsible for payment of any and all services rendered.	eemed necessary from	any licensed hospital,	physician, and/or med
	rision herein is held invalid or unenforceable for any reason, Participant understands a	nd agrees that the re	maining provisions will	continue in full force a
	nas read and fully understands this entire document and declares that all information supplied b	by Participant is accurate	and current.	
Participant l				
•	Name(s) : (Parent)		(Child)	