

2010 Marquette Volleyball Spring Camp Application

Date of Clinic: Saturday April 24 (9am to 4pm)

Camper name: _____

Camper Address: _____

Parent or Guardian: _____

Email of Parent: _____

Home Phone: _____

Parent Cell Phone: _____

School Name: _____

Current Grade: _____

Position (circle one): Setter Outside/RS Hitter Middle Hitter DS/Libero

Years of experience (circle one): 1 2 3 4 5+

Cost of each camp is \$85.00 which includes lunch. **\$75.00 for previous clinic participants**
(Checks payable to Marquette Volleyball)

Please mail completed application and payment to:

Marquette Volleyball
Al McGuire Center
770 North 12th Street
Milwaukee, WI 53233

This is a legally binding release for the above named Minor child (hereinafter referred to as "Participant") executed by the above named Parent or Guardian to Marquette University (hereinafter referred to as "Marquette"). In this agreement, the terms "I" and "Undersigned" refer to the Participant's parent or guardian. 1.0: The Undersigned hereby grants permission for Participant to participate in the Marquette Volleyball Camps at Marquette University in the winter of 2010 ("activity"). 2.0: In consideration of the Participant being permitted to participate in the activity, the Undersigned releases Marquette (and it's governing board, employees and agents) from any and all liability, claims and actions not arising from Marquette's casual negligence, that may arise from injury or harm to the Participant or from loss or damage to any property belonging to the Undersigned in connection with this activity. The Undersigned grants permission despite the possible dangers and risks, and despite this Release. The Undersigned understands that Marquette University does not require the Participant to take part in the activity. 3.0: The Undersigned submits that Participant is physically able to participate in the Activity. In the event of an emergency, the Undersigned grants permission to Marquette to administer first aid and/or obtain emergency medical treatment for the Participant. The Undersigned agrees to pay all expenses incurred due to any emergency involving Participant in conjunction with the Activity. 4.0: The Undersigned therefore agrees to assume and take on all of the risks, except for those risks specifically created by the casual negligence of Marquette, in any way associated with the Activity. The Undersigned also understands that this Release binds heirs, executors, administrators, and assigns of the Participant. I have read this entire Release, I fully understand it and I agree to be legally bound by its terms. 5.0: The Undersigned grants permission to Marquette to utilize Participants photograph, image, audio and/or video recording which is created by Marquette during Participant's participation in the Activity.

Parent/Guardian Signature: _____ Date _____

Please indicate any allergies Participant has to medication or foods: