

INDIVIDUAL REGISTRATION FORM

Please remember to fill out the back side of this registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Grade (Fall 2009) \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Amount enclosed \_\_\_\_\_

T-Shirt Size: \_\_\_\_ 6/8 \_\_\_\_ 10/12 \_\_\_\_ Adult S \_\_\_\_ Adult M

Please supply an email address so further information and the confirmation letter can be e-mailed to you

Email Address \_\_\_\_\_

(Your email address will be used for UNI Sports Camp use only.

This will not be given to anyone else!)

Little Panther Volleyball Club: (Ages 5-12 only)

\_\_\_\_ \$35/Camper (Please make checks out to "UNI Volleyball")

Enrollment is limited and sessions will be filled on a first to register basis.

Please send completed form, medical release and check to:

UNI Volleyball  
2501 Hudson Road  
Cedar Falls, IA 50614-0317

For further information, call Kim Davis @ (319) 273-3880  
or e-mail: kim.davis@uni.edu

MEDICAL FORM ON BACK MUST BE FILLED OUT AND SIGNED BY A PARENT BEFORE THIS REGISTRATION CAN BE COMPLETED.

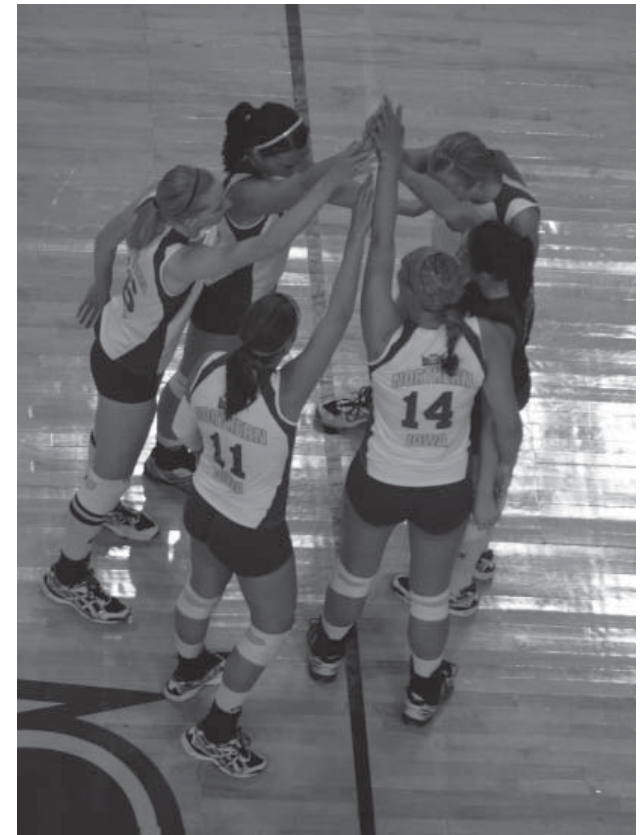
[www.unipanthers.com/camp](http://www.unipanthers.com/camp)

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UNI Sports Camps  
University of Northern Iowa  
UNI-Dome Upper NW  
Cedar Falls, IA 50614-0314

# UNI

## VOLLEYBALL



## 2009 UNI Volleyball Little Panther Club

Oct. 4 - Clinic - 1-4 P.m.  
Oct. 31 - Pumpkin Carving 11 a.m. - 12:30 p.m.

Dear Panther Fan,

The University of Northern Iowa Volleyball Staff would like to personally invite you to be a part of the Little Panther Volleyball Club.

The Little Panther Volleyball Club is a club for kids ages 5-12 years old. The club will allow youngsters the opportunity to learn volleyball skills and activities from the UNI Volleyball players and coaches. The cost of the Little Panther Club is \$35 which includes:

- Official Little Panther Club T-shirt
- Clinic with instruction from UNI players and coaches
- Oct 31st pumpkin carving with UNI players 11 a.m.-12:30 p.m.
- Free admission to ALL home UNI Volleyball games in the McLeod Center

The Clinic will be held from 1pm-4pm in the Wellness and Recreation Center (next to the UNI-Dome) on the campus of the University of Northern Iowa. Campers need to be checked in by 12:30pm. Snacks will be provided at the end of the clinic.

If you have questions, please contact:

Kim Davis  
Assistant Volleyball Coach  
(319) 273-3880  
kim.davis@uni.edu

Go Panthers!

Bobbi Petersen



*The Little Panther Volleyball Club is a great opportunity for you to start developing your volleyball skills and have fun with the UNI Volleyball Team.*

**FORMAT:** The clinic will teach age appropriate techniques for passing, setting, hitting and other aspects of volleyball. All techniques will be taught by the UNI Volleyball Staff and players. Campers will take part in games and other fun activities during the session.

**Clinic CHECK-IN:** Check in for all campers is on Oct. 4 from 12-12:30 p.m. in the Wellness and Recreation Center (WRC). Campers should report to the gyms on the second floor.

**DROP-OFF/PICK UP:** Parents should drop off and pick up their children in the metered lot on the West side of the WRC. Parents who would like to come in and watch must park in the large parking lot North of the WRC.

**PUMPKIN CARVING:** Join the UNI Volleyball team in decorating the McLeod Center with pumpkins. On Oct. 31, starting at 11 a.m., all Little Panther Volleyball participants are invited to bring their own pumpkin to the McLeod Center floor to carve. After the pumpkins are decorated or carved they will be displayed for the Oct. 31 home match against Bradley. Kids may take their pumpkins home after the match.

**PRICE:** Your membership to the Little Panther Volleyball club is just \$35. Check can be made to "UNI Volley ball".

**REGISTRATION:** Please register early as people will be accepted on a first come first serve basis. Send registration to Kim Davis.

### Camp Staff

Join current UNI Volleyball players and coaches for a fun day of volleyball and see them in action in the McLeod Center!!



I hereby assume all risks of camp activity (including property loss or damage, personal injury and death) that may result from any sports camp activity (including residence hall activity and transportation). As parent/guardian, I agree to indemnify, defend and hold harmless the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, the sports camps and their officers, employees, agents, instructors and all participants in the sports camp program from and against all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage which may result from any negligence and/or the student taking part in sports camp activities.

In the event of injury or illness, I give my consent for medical treatment, and permission to camp personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand each student must provide his/her own medical insurance. I also understand that I am responsible for any medical or other charges related to the student's attendance at the Panther Sports Camp.

I certify that the student is physically capable of participating in the camp activities. I have disclosed any physical limitations or medical problems which might limit the student's capability to perform under the normal conditions of camp activities. The University of Northern Iowa reserves the right to deny anyone the opportunity to participate where question exists regarding a student's physical capability to safely participate in camp activities.

PLEASE PRINT ALL INFORMATION EXCEPT PARENT/GUARDIAN SIGNATURE, WHICH IS REQUIRED IF STUDENT IS UNDER 18 YEARS OF AGE. REGISTRATION WILL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETED WITH REQUIRED SIGNATURES AND RETURNED WITH REGISTRATION.

Student's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_

Any serious medical conditions (i.e. diabetes, asthma, epilepsy, etc.) \_\_\_\_\_

Medications currently taken and for what conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_