

MARSHALL VOLLEYBALL
PRESENTS
“THE 2018 VOLLEY SCHOOL”

Where: Gullickson Hall Gymnasium – Marshall University

What: Focused training sessions for High School and Middle School Volleyball Players.

When: 10/7, 10/21, 11/04 from 4:00pm to 6:00pm.

Schedule for all sessions: Each 55 minute session is a separate session.

4:00pm – 4:55pm: Serving and either Setting or Ball Control and Defense.

5:05pm – 6:00pm: Attacking and Blocking

Instruction: Marshall University Coaches and Players will lead the instruction. We will separate in groups according to ability and level needed for instruction.

How to sign up: Email Marshall Volleyball at Marshallvolleyballcamps@gmail.com to pre-register and secure your spot. Registration is also available at walk up. Medical Form and Waiver will be necessary for participation. Will be available at Walk-up as well.

Cost: \$20/single session \$30/double session. \$75/All six sessions when paid in advance at the first session.

Check/Cash Policy: Checks accepted by those who have attended MUVB camps in the past and have paid by check. No CC accepted at the Volley School Sessions. Cash only by first time attendees.

Camps are open to any and all participants.

**This clinic is run by Marshall University Volleyball, not an outside club, nor is it a tryout of any kind. Thus, it is and has been approved for years by the WVSSAC.

Marshall University Volleyball Sports Camp

Assumption of Risk/Consent for Medical Treatment

YOU SHOULD BE AWARE THAT PARTICIPATING IN ANY MANNER, IN ANY SPORT, CAN BE DANGEROUS ACTIVITY INVOLVING MANY RISKS OF INJURY. THE DANGERS AND RISKS OF PARTICIAPTING IN SPORTS INCLUDE, BUT ARE NOT LIMITED TO: DEATH, SERIOUS NECK, HEAD, AND SPIANL INJURIES WHICH MAY RESULT IN COMPLETE OR PARTIAL PARALYSIS, BRAIN DAMAGE, AND SERIOUS INJURY TO VIRTUALLY ALL INTERNAL ORGANS, INJURY TO BONES, MUSCLES, TENDONS, LIGAMENTS, AND OTHER MUSCULOSKELETAL SYSTEMS, SERIOUS INJURY OR IMPAIRMENT TO OTHER ASPECTS OF THE BODY, GENERAL HEALTH AND WELL BEING.

I, _____, (Parent's Printed Name) approve of my child's participation in the Marshall University Sports Camp. I certify that _____ (Camper's printed name) is in good health and is able to participate in all activities. If medical attention is required for illness or injury, I give permission fro the Marshall Athletic Training and Medical Staff to render emergency first aid care. I agree that my child will abide by all rules and regulations set forth by camp personnel.

EMERGENCY CONTACT INFORMATION

DAY PHONE # _____ CELL PHONE # _____

EVENING PHONE # _____

Parent/Guardian Signature: _____

Date: _____

List any current medical problems (ex: diabetes, medications, etc)

1. _____

2. _____

3. _____

****THIS FORM MUST BE ON FILE BEFORE PARTICIPATION IN CAMP****

Medical Form – Marshall Volleyball Camp

P O Box 1360
Huntington, WV 25715
304-696-2411

Please fill out and return this form prior to the beginning of the camp along with a photo copy of both sides of your insurance card. Campers will not be permitted to participate in camp without this completed form.

CAMPER _____
(Last) (First) (MI)

AGE _____ DOB _____ SS# _____

ADDRESS _____

EMERGENCY PHONE _____ ALT PHONE _____

CONTACT NAME _____

INSURANCE INFORMATION

Name of Insurance _____ Phone _____

Address _____

Name of Insured _____ Insured DOB _____

ID # _____ Group# _____ Policy# _____

HMO _____ PPO _____

******TO BE COMPLETED & SIGNED BY PARENT OR LEGAL GUARDIAN******

Date of last tetanus booster _____

Any chronic or recurrent illness (diabetes, asthma, seizure...) _____

Any prescription aid (contacts, orthotics, mouth guard...) _____

List all known allergies _____

Any dizziness, frequent headaches, or concussion? _____

List any previous musculoskeletal injuries or diseases related to the musculoskeletal system (broken bones, Dislocation, sprain, strain) _____

Have any sudden death in family history? _____

Have a family history of heart attack before age 50? _____

Any known problems with heart (murmur) or blood pressure? _____

Heat exhaustion/sun stroke? _____

List any medications camper will be taking during stay _____

a. Does camper take his/her own medications? _____yes_____no

b. If yes, include full instruction as to time and dosage of each
