

Hawkeye Volleyball

Little Spikers

A fun-filled hour of volleyball excitement for our future Hawkeyes! Children will be taught volleyball basics by the Iowa coaches and players, using special lightweight "training" balls and a lower net. Participants are guaranteed a fun time as they learn the sport of volleyball while making new friends. The Little Spikers will demonstrate their skills following set 2 of the home match vs. Michigan on Saturday, November 22nd.

Girls & Boys ages 5-11 are invited to join the fun!

Practice sessions:

- ⇒ **October 11th at Carver Hawkeye Arena 11am-12pm**
- ⇒ **November 22 in the Fieldhouse 11am-12pm**

**Pre-Registration must include Medical Release Form and payment.
All Little Spikers will check-in on the gym floor before participation.
Pre-Registration is encouraged and Same Day Registration is accepted.**

Please include a \$15 payment with registration, which includes 2 practice sessions, playing during half-time of an Iowa Volleyball Match, and a Little Spikers t-shirt.

(Make checks payable to Hawkeye Volleyball)

Questions? Please call 319.335.9259 or e-mail iowavolleyball@uiowa.edu

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____ T-shirt size: YM YL S M L

Parents e-mail: _____

(Confirmation Letters will be emailed. Please write legibly.)

Dates you will be attending (please mark all that apply):

Oct. 11 _____ Nov 22 _____ Nov. 22 Match _____

Learn to play like a Hawk!

**Mail registration, medical release form and payment to:
Hawkeye Volleyball, Attn: Angie Mlinar 219 CHA, Iowa City, IA 52242**

Little Spikers Medical Form and Waiver

EACH LITTLE SPIKER PARTICIPANT MUST HAVE THIS FORM COMPLETED

CAMPER _____

BIRTH DATE ____ / ____ / ____ SOCIAL SECURITY NUMBER ____ / ____ / ____

SPORT _____ SESSION DATE _____

Release of Liability and Medical and Surgical Authorization

In consideration of being permitted to participate in the Sports Camp Program, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. The University of Iowa will be responsible for personal injury or property damage which results from negligent acts or omissions of The University of Iowa employee's, agents or officers. As a participant and/or as a parent or guardian, I do hereby release the Board of Regents, the State of Iowa, The University of Iowa, the Sports Camps and their officers, employees, and agents, from all liability for personal injury of property damage which result from causes beyond the control of, and without the fault or negligence of, The University of Iowa, its employees, agents, or officers.

I hereby authorize and give my consent to the health authorities of The University of Iowa or any licensed health professional to perform upon or administer to

_____ any reasonable, necessary surgical or medical

Camper's/Student's Name

treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested.

I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to The University of Iowa Student Health Service or The University of Iowa Hospitals and Clinics. Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim.

This permission is good only while the student is attending the Sports Camp Program at The University of Iowa and only until the student has attained his/her eighteenth birthday.

I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance).

X _____
Parent's/Guardian's Signature Date

X _____
Student's Signature Date

Name _____
Parent/Guardian (print/type)

Address _____

City _____ Insurance Company _____

State _____ Zip _____ Insurance Co. Address _____

Home Phone _____

Work Phone _____ Policy No. _____

Date _____ Policy Holder _____