

# 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 \_\_\_\_\_

# Hawkeye Volleyball

# Little Spikers

A fun-filled hour of volleyball excitement for our future Hawks! 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 game two of the final home match on November 25th vs. Michigan.

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

**Practice sessions:**

- ⇒ **September 23 at Carver Hawkeye Arena 9am-10am**
- ⇒ **October 21 at Carver Hawkeye Arena 9am-10am**
- ⇒ **November 25 at Field House 9am-10am**

**Pre-Registration must be postmarked by September 17, 2006.  
All Little Spikers will check-in on the Carver Floor near the tunnel.  
Pre-Registration is encouraged and Same Day Registration is accepted.**

**Please include a \$15 payment with registration, which includes all three sessions and a Little Spikers t-shirt.  
(Make checks payable to Hawkeye Volleyball)**

**Questions? Please call 319.335.9259 or e-mail [iowavolleyball@uiowa.edu](mailto:iowavolleyball@uiowa.edu)**

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: YM YL S M L  
Parents e-mail: \_\_\_\_\_  
Dates you will be attending (please mark all that apply):  
Sept 23 \_\_\_\_\_ Oct. 21 \_\_\_\_\_ Nov. 25 \_\_\_\_\_

## Learn to play like a Hawk!