

IOWA VOLLEYBALL



Little Spikers

A fun-filled hour of volleyball excitement for our future Hawkeyes! Participants are guaranteed a fun time as they learn the sport of volleyball. "Lite" volleyballs and a lower net will be utilized for the younger age groups. All of the Little Spikers are invited to take a group picture with the Iowa Volleyball team after the Ohio State match on November 30th.

Girls & Boys grades K-8th are invited to join the fun!

Practice sessions:

November 16th: Field House 11:30am-12:30pm

November 30th: Field House 11:30am-12:30pm

November 30th: Group souvenir picture with the Hawkeyes after the match. (Picture will be emailed the following week.)

**Pre-Registration must include Release Form and payment.
Pre-Registration is encouraged. Same Day Registration is accepted.**

Clinic Cost: \$25 (includes a t-shirt)

T-shirt will be handed out at the Nov. 30th practice session.

Questions? Please call 319.335.8181 or e-mail tanja-speaker@iowavolleyball.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____

Parents e-mail: _____

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

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

Nov. 16 _____ Nov. 30 _____ Nov. 30 Match _____

**Mail registration, medical release form and payment to:
Iowa Volleyball, Attn: Tanja Speaker S210 CHA, Iowa City, IA 52242**

RELEASE OF LIABILITY, MEDICAL AND MEDIA AUTHORIZATION

Camper _____ (Please print full legal name)
Birth Date _____ <input type="checkbox"/> M <input type="checkbox"/> F
Sport _____ Starting Session Dates _____

In consideration of being permitted to participate in The University of Iowa Sports Camps Program, I hereby release the Board of Regents, State of Iowa; The University of Iowa Sports Camps Program, State of Iowa; and The University of Iowa, their officers, employees, and agents from any and all liability or claims relating to any bodily injury or property damage that may be sustained by the camper while attending and/or being transported to or from The University of Iowa Sports Camp. The University of Iowa will only be responsible for bodily injury or property damage that results from the negligent acts or omission of The University of Iowa, its employees, agents, or officers in conjunction with this program.

I hereby authorize and give my consent to the staff of the Camp to act on my behalf to secure medical treatment for the administration of all emergency medical and/or emergency surgical treatment that may be necessary in connection with, including transportation to or from, the Sports Camp Program. I understand that should an emergency medical problem arise, an attempt will be made to contact me. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with attendance at this Camp. I authorize the disclosure of medical information to the insurance company listed below for the purpose of claim. (Each camper must provide his/her own health insurance.)

I hereby give my consent to use the likeness and/or name/identity of the above-named camper for purposes of promotional materials or any other type of media produced and/or published by The University of Iowa to promote or publicize The University of Iowa or The University of Iowa Sports Camps Program.

X _____
Parent/Guardian Signature Date _____

X _____
Camper Signature Date _____

Name _____
Parent/Guardian (print/type)

Address _____

City _____ Insurance Company _____

State _____ ZIP _____ Insurance Co. Address _____

Emergency Phone _____

Cell Phone _____ Policy No. _____

Date _____ Policy Holder _____

Emergency Contact Name _____