

Waldorf College Volleyball
Summer 2009
Volleyball Playdays

Location: Waldorf College ~ Hanson Fieldhouse ~ Forest City, Iowa

This event is simply an opportunity to play matches in the offseason. Each session will consist of a 4 team pool. Teams will play 3 matches (3 games per match). Teams are welcome to participate in more than one session (see fees below). Officiating will be done by Waldorf College Coaches and Players. There are no awards.

Teams: High School Teams (Varsity or JV)– we will match up levels as best as we can

Cost: \$60.00 Per Team/Per session - Checks Payable to Waldorf Volleyball Camps
\$100 for 2 sessions
\$150 for 3 Sessions
(Note: sessions can be on different dates – but must be prepaid)

Any questions please contact Coach Meyer at
641-585-8230 (office)
507-276-4366 (cell)
meyerp@waldorf.edu

Return All Forms and Fee To: **Paul Meyer PO Box 348 - Forest City, Iowa 50436**

Fill out and return (only needs to be filled out once)

Team Name: _____

Captains/Rep Name _____ Phone _____ - _____ - _____

Email _____

Address _____ City _____ State _____ Zip _____

Please circle the session(s) your team would like to participate in – if the session times do not matter simply circle the date you wish you play in.

Saturday June 27, 2009

Session 1 - 9:00AM/10:00AM/11:00AM

Session 2 – 12:30PM/1:30PM/2:30PM

Session 3 – 4:00PM/5:00PM/6:00PM

Sunday June 28, 2008

Session 1 - 9:00AM/10:00AM/11:00AM

Session 2 – 12:30PM/1:30PM/2:30PM

Session 3 – 4:00PM/5:00PM/6:00PM

Saturday July 18, 2009

Session 1 - 9:00AM/10:00AM/11:00AM

Session 2 – 12:30PM/1:30PM/2:30PM

Session 3 – 4:00PM/5:00PM/6:00PM

Sunday July 19, 2009

Session 1 - 9:00AM/10:00AM/11:00AM

Session 2 – 12:30PM/1:30PM/2:30PM

Session 3 – 4:00PM/5:00PM/6:00PM

**All Participants must complete the below waiver and insurance form(make
copies as needed)**

(Please return all forms/fee at the same time)

Waiver of Coverage for Waldorf Volleyball Camp

ALL participants must complete the below waiver and insurance form. No participation in any of the sessions will be allowed without this waiver form completely filled out and signed.

Participant's First Name: _____ **Last Name:** _____

Acknowledgement/Assumption of Risk & Release of Liability Form. This is a release of legal rights—Read carefully and understand before signing.

I, hereby acknowledge that I have voluntarily applied to participate in the following athletic camp (Volleyball) at Waldorf College. Due to the nature of the physical strain, contact, and/or collisions that are part of athletic participation, I understand the risk of serious physical injury, including catastrophic injury does exist. I understand that the dangers and risks include, but are not limited to, death, serious head, neck, and spinal injuries, upper and or lower extremities and well-being. I also understand that other participants, the coaching staff, board certified athletic trainer(s), officials, spectators, and/or voluntary/contracted health care providers could possibly engage in conduct, including negligent conduct that may increase the risk of injury to me.

ASSUMPTION OF RISK: I Hereby knowingly assume responsibility for any and all such risks and any and all resulting injuries, disease, illness or damage to my person arising from traveling to, participation in, or returning from any event or program related to the aforementioned camp. I do hereby voluntarily choose to participate in Waldorf athletic camp in spite of the inherent risks.

MEDICAL INFORMATION: I attest that I am physically and mentally fit and sufficiently trained for participation. I have consulted with a medical doctor with regard to my personal medical needs. I have no health related reasons or problems which preclude or restrict my participation in the camps. Furthermore, I understand the ramifications that may occur by my participation in my particular sport. I also attest that I know and understand the rules of my sport and I promise to follow these rules and not to utilize illegal or unsafe techniques or engage in conduct that may put others or me at increased risk.

MEDICAL CARE & COVERAGE: I recognized that Waldorf College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the camps. Waldorf College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses related thereto and release Waldorf College from any liability for such actions. I also agree to assume responsibility for taking good care of all equipment issued to me and reporting any defects to the coach or board certified athletic trainer. I also assume full responsibility for immediately reporting any and all injuries to the athletic trainer/coach in a timely manner (with in 24 hours of the occurrence).

VALUABLES: I understand that I am solely responsible for keeping safe any of my valuables and/or personal property that I bring with me to the camps. I waive all claims against the college and its staff for any losses due to my failure to properly safeguard them.

RELEASE OF LIABILITY: I hereby release and discharge Waldorf College, its affiliated organizations, owners, offices, employees, agents, or contractors from all actions, claims or demands that I, my heirs, guardians, legal representatives, or assigns now have or may hereafter have for injury, illness, or damage resulting from negligence or other acts associated with my participation in this activity.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and contract between me and Waldorf College and I sign on my own free will. I have had any questions about it answered to my satisfaction.

Participant's Signature: _____ Date: _____

Participant's address: _____

If Athlete is under 18 years of age, a Parent/Guardian must provide their signature. Participant's birthday: _____

Parent/Guardian's signature: _____
