

to diagnostic testing and examination. I understand that the College may proceed with the aforementioned medical procedure or treatment even if I cannot be directly contacted at the time of injury and treatment. I further acknowledge that the College shall have no financial responsibility for any such medical care provided, and I agree to pay for any and all charges for any such care provided to the Participant. Should the College or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

For and in further consideration of the College accepting Participant, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless the College and its employees, agents and representatives from any and all claims, demands, actions, damages, causes of action, judgments or suits of any kind which may arise out of the Participant's participation in the Camp or out of any good faith action taken in obtaining medical treatment for Participant. ***I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against the College that relate in any way to any activity I undertake in conjunction with the Sports Camps, including transportation to and from the Sports Camps.***

In the event that I file a lawsuit against the College, I agree to do so solely in the State of Missouri, and I further agree that the substantive law of Missouri shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent or Guardian

Date

Signature of Participant

Date

MEDICAL HISTORY

Is the camper taking any medication? ___Yes ___No

If yes, please list all medications, dosage, frequency, and any instructions or special needs such as refrigeration. Please be as specific as possible.

Is the camper under the care of a physician? ___Yes ___No

If yes, please provide the name and contact information for the physician:

Are there any medical conditions, allergies, and/or medically-related dietary needs that the camper has that the staff at College of the Ozarks should be aware of? ___Yes ___No

If yes, please explain and include instructions for medication, treatment and/or dietary requirements. Please be as specific as possible.

IMPORTANT INFORMATION

Location: The 2017 C of O camp will be held on campus. Housing will be in the Keeter Gymnasium balcony. All volleyball will be played in air-conditioned Keeter Gymnasium and Activity Center.

Registration will take place in the lobby of Keeter Gymnasium.

Staff members will be on duty at all times. Staff consists of coaches, current and former C of O players.

We recommend that each camper be in excellent physical condition. This not only prevents injuries, but makes the learning process easier. If a camper needs to be taped, she should bring her own tape. Ankle braces are recommended for weak ankles.

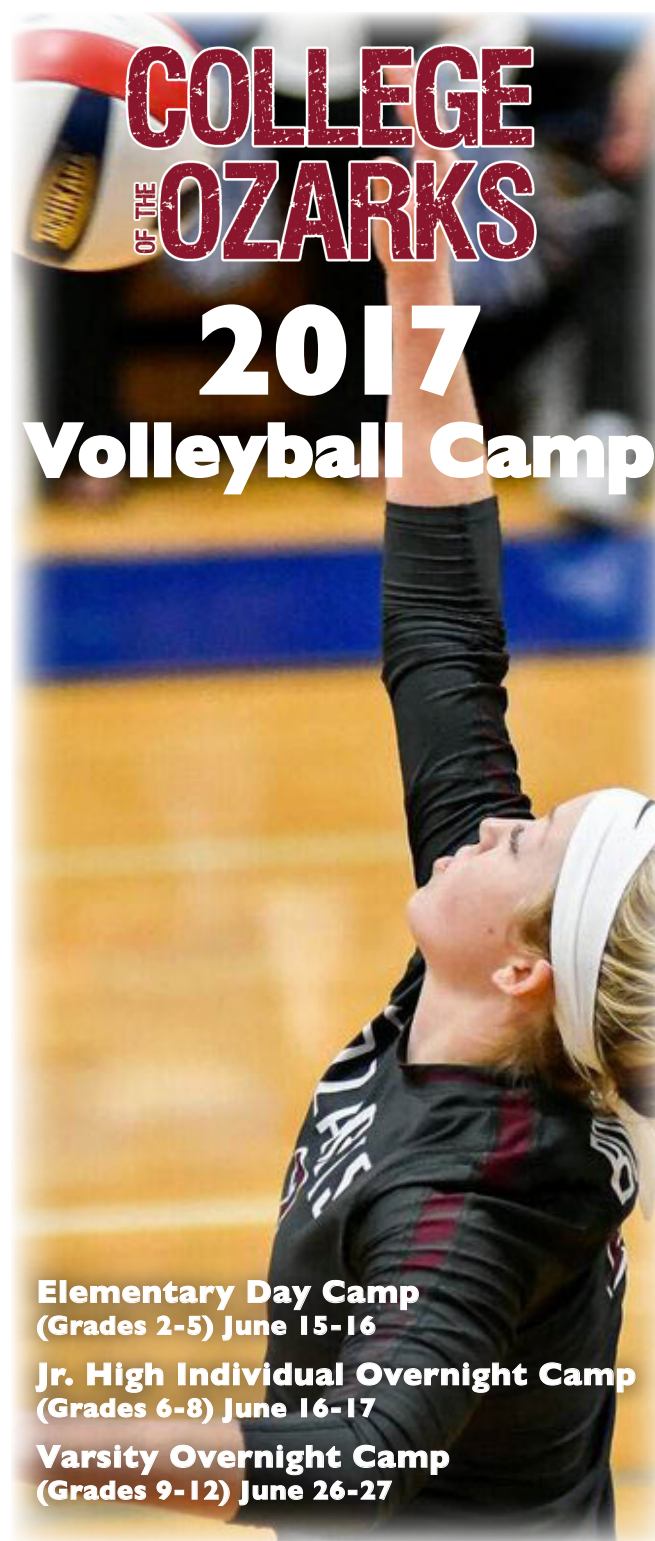
Each camp fee includes T-shirt.

All meals for overnight campers will be served in the C of O Dining Hall.

Stacy Edwards
417.690.2564 • sedwards@cofo.edu

Make check payable to College of the Ozarks.

**Mail to: Stacy Edwards, Athletic Dept.
College of the Ozarks
P.O. Box 17
Point Lookout, MO 65726**



Elementary Day Camp
(Grades 2-5) June 15-16

Jr. High Individual Overnight Camp
(Grades 6-8) June 16-17

Varsity Overnight Camp
(Grades 9-12) June 26-27

CAMP DATES

Elementary Day Camp (8:00 - Noon)

Grades 2-5

Check in June 15, 8:00 am

Camp ends June 16 at Noon

This camp is filled with daily instruction for the beginning volleyball player. The C of O Lady Bobcat coaching staff will provide quality instruction as well as demonstrations throughout the duration of camp. Special attention will be given to the basic fundamentals; passing, setting, hitting, serving, and rotations. Campers will compete in skills competitions, games, as well as team competitions.

\$50.00 per camper



Jr. High Individual Overnight Camp

Grades 6-8

Check in June 16, 2:00 - 3:00 pm

Camp ends June 17 at 3:00 pm

This individual camp will provide quality instruction in individual techniques of serving, passing, setting, hitting, blocking, serve reception, defense, and team strategies. Instruction and demonstrations will be led by camp staff. Game and skill competition, team competition, and elite skill instruction.

\$90.00 per camper (includes meals)



Varsity Overnight Camp

Grades 9-12

Check in June 26, 2:00 - 3:00 pm

Camp ends June 27 at 3:00 pm

This individual camp will provide athletes in the area an opportunity to display their talents on the court. Players will work on fundamentals and learn essential volleyball strategy. Team games and skill competitions will take place throughout the camp.

\$90.00 per camper (includes meals)



Overnight campers only:

Bring sleeping bag, cot, air mattress, etc. Sleeping facilities are in the gym balcony. Also bring pillow, personal hygiene items, swimsuit, towels and washcloths, clothes and spending money. There will be a concession stand open each evening. Swimming pool will be open each evening.

Name _____
Address _____
City, State, Zip _____
Home Phone () _____
Work Phone () _____
Cell Phone () _____
E-mail _____
Emergency Contact _____
Child's Age _____ Height _____ Grade Next Fall _____
Shirt Size YS YM YL S M L XL
Name of School _____

INDICATE WHICH CAMP YOU WILL ATTEND

____ Elementary Day Camp (grades 2-5) June 15-16•\$50
____ Jr.High Individual Overnight Camp (grades 6-8) June 16-17•\$90
____ Varsity Overnight Camp (grades 9-12) June 26-27•\$90

POSITION

- Outside Hitter Setter Middle Hitter
 Defense Right side Unsure

College of the Ozarks

ASSUMPTION OF RISK, MEDICAL TREATMENT LIABILITY RELEASE, AND WAIVER AGREEMENT

Acknowledgement of Risk and Release from Liability

I, _____, the undersigned parent or guardian, do hereby grant my permission for

("Participant") to attend the College of the Ozarks ("the College") Sports Camps and participate in all activities thereof. I acknowledge, understand, and agree that in participating in this activity, there is a possibility of physical injury or illness. I acknowledge participation entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to Participant, to property, or to third parties. I understand that such risks simply cannot be eliminated. Participant and I, on behalf of Participant, expressly agree and promise to accept and assume all those inherent risks.

Participant and I, on behalf of the Participant, further certify that I am willing to assume the risk of any medical or physical condition Participant may have.

I understand that the College does not maintain an insurance policy that would provide coverage in the event that I am injured or cause any injury. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. **A copy of the front and back of Participant's insurance card must be attached to this form.**

In the event of an injury or illness during these activities, I hereby authorize the College staff and medical providers to administer any medical procedure or treatment which may be deemed medically advisable by the attending medical personnel including, but not limited