

**Texas A&M International
Camp Program
Medical Emergency Information/Consent for Treatment**

Camper's name: _____

Address: _____

Date of Birth: _____

Parent/Guardian Phone: H _____ W _____ C _____

Medical Information

Allergies: _____

Current Medication: _____

Chronic Illnesses (i.e., asthma): _____

Date of last tetanus booster: _____

Physician: _____ Physician Phone: _____

Insurance Information

Does camper have health insurance? Yes ____ No ____

Medical insurance company: _____ Phone: _____

Group number/ID number: _____ Name of insured: _____

Person(s) to Notify in Case of Emergency

Name: _____ Relationship: _____

Address: _____

Phone: H _____ W _____ C _____

Second Contact (If first person is unavailable)

Name: _____ Relationship: _____

Phone: H _____ W _____ C _____

Consent for Medical Treatment

The attending physician, appropriate staff, Texas A&M International, the Texas A&M University System, their Board of Regents, officers, employees, representatives and/or agents and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

I, as parent/guardian, grant permission for my child _____ to receive medical treatment.

Signature of parent/guardian

Date

Fill Out Both Sides and Return To:
Texas A&M International University
Athletics/Volleyball Skills Camp
5201 University Blvd.; Laredo, TX 78041

2012 TAMIU Volleyball Skills Camp



TEAR OFF & RETURN

July 31 – August 1 (Monday - Wednesday)

TAMIU Volleyball Skills Camp

Our goal is to increase knowledge and excitement about the sport of volleyball. The camps are designed to approach girls of all ages and skill levels. Campers will learn offensive and defensive strategy as well as individual techniques of serving, passing, setting, attacking, defense and team play.

Camp Fee

\$115

Payable by check, cash or credit card

Each Coach will receive:

*12 total hours of skills instruction and team play

*Players grouped by age & skill level

*Lunch will be provided

*Camp Photo

Camp Staff

Head Coach: Al Givens

Coach Givens brings a wealth of volleyball coaching experience to TAMIU. With over 28 years of volleyball coaching experience, he has conducted camps and clinics throughout the country and internationally as well. In 2011 Coach Givens was honored with the Heartland Conference Coach of the Year award.

Camp Staff:

The rest of the TAMIU coaching staff and many of the returning players will be on hand to work with the campers.

Clinic Schedule

July 30 – August 1 (Monday - Wednesday)

(Ages 7-12)

8:00am	Gym opens/Free play
8:30-10:30am	1 st Session
10:30-11:30am	Lunch break
11:30am-1:30pm	2 nd Session
1:30pm	Camp Ends/Camper pickup

(Ages 13-18)

1:30pm	Gym opens/Free play
2:00-4:00 pm	1 st Session
4:00-5:00pm	Dinner break
5:00-7:00pm	2 nd Session
7:00pm	Camp Ends/Camper pickup

Clinic Reminders

Equipment & Clothing: Campers **MUST** wear athletic attire and shoes for all sessions. Kneepads, towels, water bottles and any other personal braces/equipment are recommended.

Facilities: All sessions will be conducted in the KCB on TAMIU's campus.

Camp Registration

*Fill out and sign **BOTH** sides of this registration form, including the Registration, Waiver Form and Medical Emergency/Consent Form.

*Mail registration form and payment to address listed **or** bring form and payment to the TAMIU Athletics office, located in the KCB, room 107.

*Full payment is required before the start of camp.

2012 TAMIU Volleyball Skills Camp Registration

Name: _____

Parent/Guardian: _____

Address: _____

City, State, Zip: _____

Email: _____

H Phone: _____ C Phone: _____

School Attending in Fall: _____

Year in School this Fall: _____

Camp T-Shirt size :
Adult: S M L XL

Youth: S M L

Amount Enclosed: _____

Credit Card Amount: _____

Card Number: _____

Exp. Date: _____ 3 Digit Security Code: _____

Cardholder's Name: _____

Cardholder's Phone: _____

Cardholder's Signature: _____

A non-refundable deposit of \$65.00 is required with each application.

***Please make all checks payable to:
TAMIU Volleyball Skills Camp***

Fill Out Both Sides and Return To:
Texas A&M International University
Athletics/Volleyball Camp
5201 University Blvd.
Laredo, TX 78041

Waiver Form

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of **VOLLEYBALL CAMP** (herein referred to as "activity"), which is sponsored by **TEXAS A&M INTERNATIONAL UNIVERSITY** (herein referred to as "sponsor"), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (herein referred to as **RELEASEES** or **INDEMNITEES**) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by **RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. **INDEMNITY CLAUSE.** I am fully aware that there are inherent risks to myself and others involved with this activity, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. **NO INSURANCE.** I understand that **RELEASEES** do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. **BINDS HEIRS.** It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. **MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER.** I understand **RELEASEES** cannot be expected to control all of the risks articulated in this form and **RELEASEES** may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless **INDEMNITEES** for any costs incurred to treat me, even if an **INDEMNITEE** has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, **RELEASEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

SIGNED this _____ day of _____, 20 _____.

Participant Signature: _____

Participant Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

TEAR OFF & RETURN