

2018 Alabama Volleyball Camps

ELEMENTARY CAMP (JUNE 4)

\$75 Commuter
Check-in: 8:45 a.m. - 9:15 a.m.
Foster Auditorium
801 6th Ave, Tuscaloosa, AL 35401
Camper Pick-up: June 4 - 3:15 p.m. (Foster)

2 training sessions
Skill instruction on all basic skills: serving, passing, setting, attacking and defense
Lunch provided
Ages: Kindergarten to 6th grade
Skill level: beginner

MIDDLE SCHOOL DAY CAMP (JUNE 5-6)

\$140 Commuter
Check-in: June 5th - 8:45a.m. - 9:15 a.m.
Foster Auditorium
801 6th Ave, Tuscaloosa, AL 35401

4 training sessions
Lunch provided
Skill instruction on all basic skills: serving, passing, setting, attacking and defense
Ages: 5th-8th grade
Camp will begin at 9:30 a.m. and conclude at 4:00 p.m. each day

*SETTER/ATTACKER DAY CAMP (JULY 23)

\$125 Commuter
Check-in: 8:15 a.m. - 8:45 a.m.
Foster Auditorium
801 6th Ave, Tuscaloosa, AL 35401
Camper Pick-up: July 23 - 4:00 p.m. (Foster)

2 training sessions
Specific positional training on technical aspects of each position
Ages: 5th grade and up
Skill level: intermediate to advanced
Lunch provided
Extra night stay in dorms available for \$40/night

*ALL SKILLS CAMP (JULY 24-25)

\$285 Residential / \$245 Commuter
Check-in: 8:00 a.m. - 8:45 a.m.
Burke East Residence Hall
920 Hackberry Lane, Tuscaloosa, AL 35401
Camper Pick-up: July 25 - 4:30 p.m. (Burke East)

5 training sessions
Skill instruction on all basic skills: serving, passing, setting, attacking and defense
Ages: 5th grade and up
Skill level: beginner to intermediate
Extra night stay in dorms available for \$40/night

*POSITIONAL CAMP (JULY 24-25)

\$285 Residential / \$245 Commuter
Check-in: 8:00 a.m. - 8:45 a.m.
Burke East Residence Hall
920 Hackberry Lane, Tuscaloosa, AL 35401
Camper Pick-up: July 25 - 4:30 p.m. (Burke East)

5 training sessions
Specific positional training on technical aspects of each position
Ages: 5th grade and up
Skill level: intermediate to advanced
Extra night stay in dorms available for \$40/night

*LIBERO CAMP (JULY 26)

\$125 Commuter
Check-in: 8:15 a.m. - 8:45 a.m.
Foster Auditorium
801 6th Ave, Tuscaloosa, AL 35401
Camper Pick-up: July 23 - 4:00 p.m. (Foster)

2 training sessions
Passing, defense and serving skill work
Ages: 5th grade and up
Lunch provided
Skill level: intermediate to advanced

TEAM CAMP (JULY 27-29)

\$310 Residential / \$250 Commuter
Check-in: 12:00 p.m. - 1:00 p.m.
Burke East Residence Hall
920 Hackberry Lane, Tuscaloosa, AL 35401
Team Camp will conclude at 12 p.m. on July 29
Detailed schedule to be released at a later date

Coaches are \$100 Residential/\$50 Commuter, but for every 10 players each team brings, one coach is free

6 sessions of training and competition
Instructional and play camp focusing on team activities, offensive and defensive systems and camp tournament
Great camp staff including Head and Assistant Coaches from top Division 1 and 2 colleges, clubs and high schools across the country

Ability to utilize Foster Auditorium, Coleman Coliseum or the Hank Crisp Indoor Facility for bigger more competitive camp

High School coaches please reserve a spot by contacting Ryan Freeburg at rfreeburg@ia.ua.edu or 205-737-2807

Registration and non-refundable deposit of \$200 per camper due by July 15th, 2017

* = 30% Discount for UA Faculty/Staff
(Camp Tuition Only)

To register online, please visit www.alabamavolleyballcamps.com or rolltide.com
All camps are open to any and all entrants (limited only by number, age, grade level and/or gender)

2018 Alabama Volleyball Camps Mail-In Registration

STEP ONE (Please Print)

Name _____

Age _____ Grade Next Year _____

Address _____

City _____ State _____ Zip _____

School _____

Volleyball Coach _____

Parent's Name _____

Phone (Home) _____ (Other) _____

Email _____

Roomate Preference _____

Position ☐ Setter ☐ Middle Blocker ☐ Outside Hitter

☐ Opposite Hitter ☐ Defensive Specialist

T-shirt size ☐ Small ☐ Medium ☐ Large ☐ XL

☐ I would like to receive emails about future Alabama Volleyball camps

Attach a copy of your previous years volleyball physical form. Also, please fill out the following insurance information:

Insurance Company: _____

Policy Number: _____

STEP TWO

☐ Check if you are UA Faculty/Staff Member
(* = 30% Discount for Applicable Camps)

CHECK ALL CAMPS YOU WISH TO ATTEND

☐ Elementary Camp (June 4)
Commuter \$75

☐ Middle School Day Camp (June 5-6)
Commuter \$140

☐ *Setter/Attacker Day Camp (July 23)
Commuter \$125

☐ *All Skills Camp (July 24-25)

☐ Residential \$285

☐ Commuter \$245

☐ *Positional Camp (July 24-25)

☐ Residential \$285

☐ Commuter \$245

☐ *Libero Camp (July 26)
Commuter \$125

☐ Team Camp (July 27-29)

☐ Residential \$310

☐ Commuter \$250

* Coaches are \$100 Residential/\$50 Commuter, but for every 10 players each team brings, one coach is free*

STEP THREE

If the camper will require an extra night's stay for any of the camps, please select from the available dates below. The cost is \$40 per night. (Check-in for dorms if before first camp check-in is at 7:00 p.m.)

☐ July 22 (Before Setter/Attacker Camp)

☐ July 23 (Between Setter/Attacker Camp & Positional/All-Skills Camp)

☐ July 25 (Between Positional/All-Skills Camp and Libero Camp)

STEP FOUR

TOTAL COST:

AMOUNT ENCLOSED:

ONLY CHECKS, CASH OR MONEY ORDERS ACCEPTED

****MAKE CHECKS PAYABLE TO**
ED ALLEN VOLLEYBALL CAMP
P.O. Box 870308
Tuscaloosa, AL 35487**

A fee may be assessed for a dishonored check

2018 Alabama Volleyball Camps Mail-In Registration

STEP FIVE

PARENT/GUARDIAN RELEASE FOR SPORT CAMP

In consideration of the educational opportunity that is afforded, the undersigned agrees as follows:

"Camper" is _____

whose date of birth is _____

"Operator is **Ed Allen Volleyball Camps**

"**Liabilities**" shall mean any and all known and unknown foreseen and unforeseen, claims, actions, suits, proceedings, damages, costs, attorney fees, litigation costs and other expenses arising out of, connected with or resulting from participation in the Sport Camp, including claims for personal injury or death.

"**Releases**" include Operator, its officers, employees, agents, volunteers and representatives, and in consideration of the camp being offered at its premises, Releases include The Board of Trustees of the University of Alabama, its affiliated foundations, trustees, officers, employees, agents, volunteers and representatives.

"**Sport Camp**" shall mean all activities involved in the Sport Camp and all related activities such as housing, dining and transportation, whether offered by Operator or its contractors.

Release. Parent/Guardian hereby knowingly and voluntarily releases, exculpates and discharges Releases from any and all Liabilities related to the Sport Camp. This is intended to discharge in advance the Releases and waive all Liabilities related to Camper's participation in the Sport Camp.

Assumption of Risk. Parent/Guardian understands that Camper's participation in the Sport Camp is wholly voluntary, and that participation involves risk. These risks include, without limitation, risks involved in traveling to and returning from sites where activities are to take place; risks from premises involved, including those that are owned by others; risks such as falls or other accident; risks from the areas where activities are to take place; risks from other workers and participants involved in the Sport Camp, such as transmitted illnesses or risks from actions of other persons; risks from the particular sport involved, such as risks from collisions, sports injury or equipment; other risks inherent in any strenuous activities; risks from weather; risks from dining, housing and transportation; and other risks beyond the control of the Operator or others, including Releases. Parent/Guardian has conducted, or has had the opportunity to conduct, his/her own investigation and is willing to accept these risks. Parent/Guardian understands and acknowledges that involvement and participation in the Sport Camp may cause Camper to suffer injury, severe health problems, or even death, and Parent/Guardian assumes and accepts any and all such risks.

Health Care and Emergencies. Parent/Guardian that neither Operator nor Releases accept responsibility or liability for providing health care services or health care insurance for Camper in regard to Sport Camp, and that Liabilities related to health care remain the Parent/Guardian's responsibility. Parent/Guardian agrees that if Camper has any medical or mental condition that could impact the welfare or safety and well being of Camper and others. In the case of a medical emergency, Parent/Guardian authorizes Operator to give consent for medical treatment on Camper's behalf including all ordinary and extraordinary medical measures.

Indemnification. Parent/Guardian shall release, hold harmless, and indemnify Releases from and against any and Liabilities related to Sport Camp, including medical care decisions.

Acknowledgment. Parent/Guardian has read and relies wholly upon his own judgment and knowledge, in agreeing to his document; warrants that he has legal responsibility, custody, and authority to speak for the minor Camper, and binds himself, Camper, and their heirs, assigns, and next to kin.

Signature of Parent/Guardian _____

Date: _____

Preparticipation Physical Evaluation Form

History

Name _____ Sex _____ Age _____ Date _____
 Address _____ Date of birth _____
 School _____ Phone _____
 Grade _____ Sport _____

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain or discomfort in your chest during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have a heart murmur, high cholesterol, or heart infection?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your family have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot		
17. When was your first menstrual period? _____		
When was your last menstrual period? _____		
What was the longest time between your periods last year? _____		
Explain "Yes" answers: _____ _____ _____ _____		

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete _____ Date _____

Signature of parent/guardian _____

DUPLICATE AS NEEDED

Preparticipation Physical Evaluation

Physical Examination

COMPLETE	LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____		
		Vision R 20 / ____ L 20 / ____ Corrected: Y N		
			Normal	Abnormal Findings
		Cardiovascular		
		Pulses		
		Heart		
		Lungs		
		Skin		
		E.N.T.		
		Abdominal		
		Genitalia (males)		
		Musculoskeletal		
		Neck		
		Shoulder		
		Elbow		
		Wrist		
		Hand		
		Back		
		Knee		
		Ankle		
Foot				
Other				

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared for: ☐ Collision ☐ Contact ☐ Noncontact _____ Strenuous _____ Moderately strenuous _____ Nonstrenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.