

ELEMENTARY CAMP (JUNE 5)

\$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)

CRIMSON

\$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. Parham Residence Hall 921 6th AveTuscaloosa, 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, 2018

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

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) Ed Allen Volleyball Camps are not affiliated with the Board of Trustees of the University of Alabama or the University of Alabama.

2018 Alabama Volleyball Camps Mail-In Registration

STEP ONE (Please Print)	Chack if you are IIA Esculty/Staff Member
Name	Check if you are UA Faculty/Staff Member (* = 30% Discount for Applicable Camps)
Age Grade Next Year	CHECK ALL CAMPS YOU WISH TO ATTEND
Address	Elementary Camp (June 5) Commuter \$75
City State Zip	Middle School Day Camp (June 5-6)
School	Commuter \$140
Volleyball Coach	*Setter/Attacker Day Camp (July 23) Commuter \$125
Parent's Name	*All Skills Camp (July 24-25)
Phone (Home) (Other)	Residential \$285 Commuter \$245
Email	
Roomate Preference	*Positional Camp (July 24-25) Residential \$285
	Commuter \$245
Secondary Emergency Contact	*Libero Camp (July 26)
Second E.C. PhoneRelationship	Commuter \$125
Family PhysicianPhone	Team Camp (July 27-29)
Insurance ProviderPhone	Residential \$310 Commuter \$250
Insurance Subscriber Name	* Coaches are \$100 Residential/\$50 Commuter, but for every 10 players each team brings, one coach is free*
Insurance Subsriber DOBPolicy #	STEP THREE
Are all immunizations up to date	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
Date of last tetanus shot	$$40 ext{ per night.}$ (Check-in for dorms if before first camp check-in is at $7:00 ext{ p.m.}$)
	July 22 (Before Setter/Attacker Camp)
Position Setter Middle Blocker Outside Hitter	July 23 (Between Setter/Attacker Camp & Positional/All-Skills Camp
Opposite Hitter Defensive Specialist	July 25 (Between Positional/All-Skills Camp and Libero Camp
	STEP FOUR
T-shirt size Small Medium Large XL	TOTAL COST:
┌─ I would like to receive emails about future Alabama	
☐ Volleyball camps	AMOUNT ENCLOSED:
Attach a copy of your previous years volleyball physical form. Also, please fill out the following insurance information:	

ONLY CHECKS, CASH OR MONEY ORDERS ACCEPTED

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

**A fee may be assesed for a dishonored check



Youth Protection Program: Liability Waiver

Program:	Event Date(s):
Participant:	Age (at the time of program):
• • •	e parent/guardian of any Participant under the age of 19) educational, social, recreational, and other benefits to be nowledged, Participant agrees as follows.
discharges UA and connected with the Program. By signing this form,	t knowingly and voluntarily waives, releases, exculpates, and from and against any and all Potential Liabilities the Participant voluntarily agrees to discharge UA, ny third party entities or contractors in advance from all such
and against Potential Liabilities related to or arising	nify UA and from g from Participant's involvement in the Program.
activities that can result in loss, damages, injury, or • Travel/traffic risks such as accidents, crass	t there are risks, including significant risks, inherent in all death, including, without limitation: hes, and risks from autos operated by UA or as well as autos operated by other individuals or entities,
 poorly maintained roads, sidewalks, as well Premises risks, including those that may be 	l as criminal acts that can result in serious injury or death; be owned by others and risks from water, such as drowning; ents (such as cuts, bruises, torn muscles, sprains, broken bones,
 Outdoor risks, such as weather, lightning, dehydration, hypothermia, drowning, sunh Risks from others involved in the Program Health risks, such as allergic reactions, hea 	heat or cold, insect bites/stings, allergic reactions to plants, ourn, animals, and limited access to medical care; in such as transmitted illnesses or others' actions; art or respiratory events as well as other risks inherent in any ified as "injury risks" horsing.
 Equipment risks, including failure, misuse Other risks and hazards beyond the contrincluding criminal acts that can result in se 	e, inherent risks, and risks from UA or non-UA equipment; rol of UA,
Activities potentially related to the Program includ	ing but not limited to:

The Participant acknowledges that they have had an opportunity to investigate the Program before executing this form and, knowing and understanding all risks associated with the Program, Participant nevertheless **VOLUNTARILY AGREES TO ASSUME AND ACCEPT ALL RISKS** that potentially accompany participation in the Program. Participant also agrees to take all reasonable steps to avoid any risks, injury, or death.

Health Care and Emergencie	Health	Care	and	Emers	gencie
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Neither UA nor	accepts responsibility or liability for providing health
care services or health care insurance for Participant. Part	ticipant should consult his/her own medical care
provider, and warrants his/her physical fitness to particip	ate in the Program. Participant authorizes UA and
to obtain any	y necessary medical treatment for Participant during the
Program. Participant agrees to be responsible for the payr	ment of any fees and charges that may be imposed by any
doctor or hospital facility in the provision of medical care	to Participant. Further, Participant agrees to indemnify
and hold UA and	harmless from any claim that may be made by a
doctor of medical facility of said fees and charges incurred	d in the provision of medical care to Participant. The
Participant is required to provide the name(s) and contact	t number(s) for a parent, guardian, or other party that is
a reliable contact in the event of emergencies.	

Conduct

Participant agrees, for the duration of the Program, to abide by all applicable federal, state, and local laws as well as the rules and regulations for the Program. Participant also agrees to follow posted signs as well as instructions and directions of University officials and Program directors and supervisory staff.

Photography

Participant acknowledges that photographs and possible videos	s may be taken and irrevocably and perpetually	
authorizes UA and	to broadcast these images. Participant releases	
and discharges UA and	from any potential claims related to the	
broadcast or use of their image, and any potential claims related	d to the work. Participant waives any right to	
inspect or approve the work or the broadcast of their image. Th	nis agreement shall be interpreted in accordance	
with applicable law. This is the entire agreement of the parties, and any changes must be in writing.		

Definitions

The following terms have the stated meaning when used in this document:

- Applicable Law the laws of the State of Alabama, without regard to conflicts of laws provisions. UA does not waive, but reserves, all immunities, including Article I, section 14, of the Alabama Constitution. Claims against the University must be made to the State Board of Adjustment. To the extent not barred by immunity, nor required to be filed before the Board of Adjustment, exclusive venue and jurisdiction of all disputes shall lie in the state and federal courts of Tuscaloosa County, Alabama.
- <u>Broadcast</u> to use, reuse, broadcast, publish and/or copyright, in whole or in part, for advertising, promotion, publicity, trade, educational, commercial, merchandising, packaging, public relations and media purposes, in all media, worldwide without limitation, in perpetuity.
- <u>Image</u> image, picture, name, biographical information, voice, statements, recordings or interviews made by or attributable to the person who is appearing in the work, verbatim or otherwise, photographic portraits, drawings, visual representations, video tapes, motions pictures, or other use of likeness in whole or in part, and any reproductions thereof.
- <u>Participant</u> the person participating in the Program or any University employee (regular or temporary), 3rd party employee, student, or volunteer working in any capacity to facilitate or support the Program. If

- the Participant is under age 19 or is under some form of court-ordered guardianship or custodial arrangement, permission and acknowledgement by a parent/guardian is required.
- Potential Liabilities or Claims any and all loss, injury, death, claims, actions, suits, proceedings, settlements, damages, costs, fees, and expenses, at law or equity, known and unknown, foreseen and unforeseen, including, but not limited to, attorney fees and costs of litigation, and liabilities arising out of, connected with, or resulting from the Participant's involvement in the Program, such as medical expenses, other costs, injury, sickness, or death. Additionally, potential claims related to the use of the Participant's image may refer to any liability, damages (compensatory or punitive), claims, or causes of action whatsoever, including, without limitation, claims for invasion of privacy, defamation of character or any alteration, distortion or illusionary effect, whether intentional or otherwise.
- <u>Program</u> ______ including all activities incidental or connected therewith, such as housing, dining, training, activities, and transportation. Programs may be held on or off University property and may require transit between two or more locations. The terms of this document will apply regardless of Program location, including to and from the event(s).
- <u>UA</u> The Board of Trustees of The University of Alabama (hereinafter referred to as "UA" or "University"), including The University of Alabama, affiliated foundations, and their respective trustees, officers, employees, agents, representatives and volunteers.
- Work the finished product and any material used in connection therewith.
- ______ and their directors, trustees, officers, employees, agents, representatives, and volunteers.

Emergency Contact(s):	
Name:	Phone:
Name:	Phone:
Acknowledgement I, AS PARTICIPANT, ACKNOWLEDGE THAT I HAV DOCUMENT AND, RELYING WHOLLY UPON MY O THE RISKS ASSOCIATED WITH THE PROGRAM, W DEATH, VOLUNTARILY AGREE TO EXECUTE THIS PROGRAM. I ACKNOWLEDGE THAT NO ORAL REI INDUCEMENTS HAVE BEEN MADE TO ME SEPARA DOCUMENT. I VOLUNTARILY SIGN THIS AGREEM INTENDING TO LEGALLY BIND MYSELF, MY HEIR	OWN JUDGMENT, BELIEF, AND KNOWLEDGE THICH INCLUDE SIGNIFICANT INJURY OR S DOCUMENT AND PARTICIPATE IN THE PRESENTATIONS, STATEMENTS, OR ATE AND APART FROM THE TERMS OF THIS MENT OF MY OWN FREE WILL FULLY
Signature:	
Printed Name:	Phone:
*If Participant is under the age of 19, a Parent/Guardian	must execute this document.
Parent/Guardian Acknowledgement THE SIGNING PARENT/GUARDIAN CERTIFIES TH READ AND UNDERSTANDS THIS DOCUMENT, UN OR DEATH, ASSOCIATED WITH THE PROGRAM, I TO TAKE PART IN THE PROGRAM, HAS THE RIGH IS SIGNING THIS DOCUMENT VOLUNTARILY, ACREPRESENTATIONS, STATEMENTS, OR INDUCEMI APART FROM THE TERMS OF THIS DOCUMENT, A FULLY INTENDING TO LEGALLY BIND PARTICIPA ASSIGNS TO THE TERMS OF THIS DOCUMENT.	AT THEY ARE OVER THE AGE OF 19, HAS NDERSTANDS THE RISKS, INCLUDING INJURY S VOLUNTARILY ALLOWING PARTICIPANT HT TO SIGN ON BEHALF OF THE PARTICIPANT, KNOWLEDGES THAT NO ORAL ENTS HAVE BEEN MADE SEPARATE AND AND AGREES TO ENTER INTO THE SAME,
Parent/Guardian Signature:	Date:
Printed Name:	Relationship: