



## 2019 PORTLAND STATE VOLLEYBALL CAMP APPLICATION

**Commuter(\$340)** \_\_\_\_\_ **Resident(\$390)** \_\_\_\_\_

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

(where confirmation will be sent)  
Age: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_ School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Club Team: \_\_\_\_\_

Position (Circle One): Setter Middle Blocker/Hitter Right/Left Hitter Libero/DS

Adult T-Shirt Size: S M L XL

Roommate Request: \_\_\_\_\_ ALL roommate requests must match in order to be Roommate. Rooms are allowed to hold 2 persons. If you do not request a roommate, you will be assigned a roommate.

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

A NON-REFUNDABLE deposit of \$100 must accompany each application.

Please make checks payable to:

Portland State Volleyball Camp  
PO Box 751  
Portland, OR 97201

### DON'T FORGET

RELEASE, COPY OF INSURANCE CARD & \$100 DEPOSIT

Questions? Please contact: Danielle Walker (770) 866-5356

**Required information for All Camp participants. Your application will not be complete until this form is filled out completely and submitted**

Name of Camper \_\_\_\_\_ Camper's Date of Birth \_\_\_\_\_  
Camper's Contact Number (Cell Phone) \_\_\_\_\_

**Primary Emergency Contact:**

Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_  
Contact Number(s) (include area code) \_\_\_\_\_

**Secondary Emergency Contact:**

Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_  
Contact Number(s) (include area code) \_\_\_\_\_

**Medical Information:**

Date of last physical \_\_\_\_\_

Contact information for Pediatrician/Family physician:

Name of Physician \_\_\_\_\_ Name of Practice \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mailing Address \_\_\_\_\_

List all allergies to medications \_\_\_\_\_

List any allergies to food \_\_\_\_\_

List any recent injuries or surgeries that camp staff should be aware of \_\_\_\_\_

List any medical condition(s) that a physician should be aware of: (Asthma, Diabetes, High Blood Pressure, Recent Concussions, and Sickle Cell Status) \_\_\_\_\_

List all prescription medications which you are currently taking \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_

**Release for Medical Treatment:**

Since most of the students attending the camp are under 18 years of age, it is necessary that the appropriate medical personnel have the **parent's permission** to administer treatment in the event of accident or sudden illness.

I hereby authorize any medical treatment which may be advised or recommended by the attending/Emergency Room physician of (Camper's name) \_\_\_\_\_ while at Portland State University in Portland, OR

**Insurance Coverage:**

Please provide the requested insurance information for your current insurance provider.

Insurance Company Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mailing Address for Claims \_\_\_\_\_

***Please submit a front and back copy of your insurance card with this completed document.***

Release and Waiver of Liability: (Please read carefully before signing)

The undersigned hereby acknowledges that their participation in this camp is voluntary and related activities involve an inherent risk of physical injury. The undersigned, on behalf of the registrant, hereby assumes all risks associated with participation and does release PSU and its camp employees and all agents from any and all liability associated with unforeseen bodily and personal injuries that they may incur. The undersigned understands that all activities involved in camp, from initial on site orientation or registration to the conclusion of camp on the final day involve risk and that PSU is not responsible for any injury or illness that may occur as a result of attendance at the camp, to include camp activities, dormitory activities, free time, failure of any equipment or defect in the premises. I understand that any injury or illness that occurs during PSU camp is the sole responsibility of the injured party. (Undersigned is the legal guardian of the participant)

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



### Camp Highlights

- Low camper to staff ratio
- Thorough instruction on all fundamental skills
- 3 days of instruction, competitions, and 6 vs. 6 play
- Camp awards given out on final day
- Camp t-shirt, stickers and certificate for all participants
- All athletes ages 14-18 (who have not begun classes in college) will be eligible to attend

### Medical Care

A certified athletic trainer will be on-site and available for any emergencies throughout the week. OHSU Hospital is minutes away, if needed. Personal insurance must be provided and arranged for each camper by the camper's parent or guardian. **Please submit copy of insurance card along with camper application.**

### Lodging/Facilities

The Portland State Volleyball will be housed at the dorm.

### Mail-In Registration Option:

Mail-in registration requires a non-refundable \$100 deposit (payment in full is also accepted). Mail in registration payment will only be accepted in cash, check or money order, made out to Portland State Volleyball Camp. No refunds within 2 weeks of first day of your camp session.

Online registration requires payment in full.

The gym sessions will be in the Viking Pavilion at Peter W. Stott Center.

### Sample Camp Schedule

#### Day 1

1:00 - 2:30 pm Registration  
2:30 - 5:15 Intro to Passing  
5:15 - 6:30 Dinner  
6:30 - 8:45 Intro to Hitting  
10:30 Lights Out

#### Day 2

7:30 - 9:00 am Breakfast  
9:30 - 12:00 pm Intro to Setting  
12:00 - 1:30 Lunch  
1:30 - 4:00 Intro to Serving  
4:00 - 5:00 Pool Time/Grab-A-Coach/Play (Optional)  
5:00 - 6:30 Dinner  
6:30 - 8:45 Scrimmages  
10:30 Lights Out

#### Day 3

7:30 - 9:00 am Breakfast  
9:30 - 12:00 pm Competition Finals/Tournament Play  
12:00 - 12:15 Awards & Final Comments

**This is a tentative camp schedule. It could change based on number of campers and/or other PSU Camps using the same dining hall.**

