

Medical Information

Medical insurance company name and policy #:

Family Doctor

Phone Number

Known Allergies

Medications Currently Taking

Asthma Diabetes Contact Lens

Daytime Phone Numbers:

Father

Mother

In an emergency if parents cannot be reached, please notify:

Name

Relationship

Phone Number

I, the undersigned parent or guardian, do hereby authorize the athletic trainer or coaches at the Benedictine University spring volleyball camp to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he or she may deem necessary.

It is understood that, in any event, an attempt will be made to contact the parent before treatment is started.

I have also read and understand Benedictine University's photo policy. See the back page for details.

I, the undersigned parent or guardian, also certify that my child is physically fit to attend the Benedictine University spring volleyball camp and participate in all camp activities.

Parent or Guardian

Date

Insurance and Medical Information

Trainers will be on duty to administer to minor problems and ailments. For more serious problems, hospital facilities are minutes away. All campers must have their own medical coverage. The camp provides only excess coverage after your insurance policy has been utilized. Campers will only be allowed to participate if the medical information is submitted and the form is signed by the parent or guardian of the camper.

Photo Policy

Benedictine University uses photographs of participants in programs and special events to inform others of the many opportunities available in our community. We do not use name identification in our materials. If you do not wish to have your photo taken, please inform Benedictine University in writing prior to the commencement of the program or activity.

Distribution of information and materials through the school district does not imply District 204 endorsement.



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Spring Break Youth Volleyball Camp



**Monday - Thursday
March 29 - April 1, 2010
For Girls Grades Kindergarten-8**

 **Benedictine University®**

Dan and Ada Rice Center
Lisle, Illinois 60532
(630) 829-6141
www.ben.edu

All proceeds benefit the Benedictine University volleyball team.

Spring Break Youth Volleyball Camp 2010

The Benedictine University Spring Break Youth Volleyball Camp is designed to introduce the sport of volleyball to new players in the elementary grades and to help enhance the skills of older players at the junior high level. All sessions include instruction by collegiate level coaches and players with an emphasis on having fun while learning the correct technique in the basic skills of volleyball – passing, setting, hitting, serving and blocking.

The camp is open to girls in grades Kindergarten-8.

About the Staff

The staff is comprised of the Benedictine University volleyball coaching staff and current and former collegiate players and coaches.

New in 2010:

Breakfast with the Eagles!

Enjoy bagels, fruit, juice and more with the Eagles volleyball team and stay for volleyball contests and games.

Join us **Friday, April 2, 9:00-10:30 a.m.** Cost is \$10 per person and can be included with your registration payment.



What to Bring

Camper's should wear comfortable clothing and gym shoes and bring a bottle of water. Please bring all items in a bag that is clearly labeled with the child's name.

Knee pads are not required.

Benedictine Volleyball T-shirt

Sizes available from youth small to x-large. Cost is \$15 per shirt and can be included with your registration payment.

Days of Camp

Camp dates are:
Monday, March 29-Thursday, April 1.

The camp times are:
Grades Kindergarten-5: 9:00 - 10:45 a.m.
Grades 6-8: 11:00 a.m. - 1:00 p.m.



Cost

The cost of the camp is \$60 per child. Full payment is due by March 29, 2010.

Facilities

The camp is held in the Dan and Ada Rice Center on the campus of Benedictine University.

Enrollment Information

To enroll, return the attached application, medical form and payment to the address listed.

MAKE CHECKS PAYABLE TO:
Benedictine University Volleyball

Registration

Camper Information:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Parent's Name _____

Parent's E-mail _____

Camper Grade and Birthdate: _____

Grade _____ Mo. / Day / Year _____

Yes, I will attend Breakfast with the Eagles. (additional \$10 per camper)

Yes, I would like a Benedictine Volleyball T-shirt. (additional \$15 per shirt)

Please circle size below:

YS YM YL S M L XL

Total Enclosed: _____



Mail payment to:

Benedictine University Volleyball

Athletic Department

5700 College Road

Lisle, Illinois 60532

For more information on the Volleyball

Camp, call Head Coach Jennifer Wildes

at (630) 829-6141.