



## Camp Staff

### Sia Poyer

- Head Coach: Valdosta State University
- Assistant Coach: Eastern New Mexico University 1993-2004
- #1 San Diego Charger's Fan

### Jennifer Poyer

- All American (Volleyball and Basketball)
- Eastern New Mexico University 1990-1995
- 4 Time Lone Star Conference MVP

### College and High School Coaches

### Fabulous Blazer Volleyball Players

### Age

Age 10 – 18 year olds.

### Cost

**\$236** – Overnight Camper

**\$180** – Commuter(not staying in the residence halls, but eating at Palms Dining Center)

### Breakdown

- \$120 – Instructions
- \$56 – Room (Lomruds Hall, 4 nights)
- \$60 – Palms Dining Center (10 meals)
- \$236 00

**\*\$50 non-refundable deposit accompanying application to reserve your spot. This amount will be credited against your total amount due.**

**G**reetings from Blazer Volleyball at Valdosta State University, and thank you for choosing to be part of the 2008 Blazer Volleyball Experience. My staff and I are looking forward to help you improve your volleyball skills in a fun and nurturing environment. You will have the opportunity to enjoy four days of quality instruction from the Blazer Volleyball Staff, coaches from other areas and the awesome Blazer Volleyball Players. You will be taught the same drills and experience the same system that is utilized by the Blazer Volleyball Team. Our Skills Camp is for players of all levels. From beginner to advanced, your skills will improve and you will have a lot of fun. I'm looking forward to meeting you in July.

Sincerely,

Sia Poyer  
Blazer Volleyball

## RELEASE AND WAIVER OF LIABILITY MEDICAL HISTORY FORM

ALL AREAS OF THIS FORM MUST BE COMPLETED AND SIGNED PRIOR TO CAMP PARTICIPATION

CAMPER'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
GRADE \_\_\_\_\_ PARENT/GUARDIAN'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Does camper have allergies?  No  Yes, List: \_\_\_\_\_

Is camper currently on medications?  No  Yes, List: \_\_\_\_\_

Does camper have loss of a paired organ (kidney, eye, etc.)?  No  Yes, List: \_\_\_\_\_

If you have a yes answer to any of the above, you must include a physician's permission to participate.

### IN CASE OF EMERGENCY

MOTHER'S NAME \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
OTHER EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
MEDICAL INSURANCE CO NAME \_\_\_\_\_ POLICY HOLDER NAME \_\_\_\_\_ POLICY NO. \_\_\_\_\_

### ANY RESTRICTIONS REGARDING YOUR INSURANCE

I/we, the undersigned, hereby certify that I/we authorize the parent/legal guardian of the camper. I hereby give permission for the staff of the Camp to seek, during the period of Camp, appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I/we, the undersigned, for ourselves and/or as guardians of \_\_\_\_\_

UNDERSTAND THAT VOLLEYBALL IS AN ACTIVE, PHYSICAL SPORT AND THAT INJURIES CAN TAKE PLACE DURING PLAY. I/WE ALSO UNDERSTAND THAT THERE WILL BE A NUMBER OF CHILDREN ATTENDING CAMP. THERE WILL BE A LIMITED NUMBER OF COACHES AND/OR COUNSELORS, AND MY/OUR CHILD CANNOT RECEIVE INDIVIDUALIZED ATTENTION AND SUPERVISION ALL OF THE TIME. I/WE UNDERSTAND THAT, AS WITH ANY SPORT, INJURIES CAN OCCUR, AND WE HEREBY ACKNOWLEDGE THAT MY/OUR CHILD IS PHYSICALLY FIT AND MENTALLY CAPABLE OF PARTICIPATING IN THESE CAMP ACTIVITIES. I/WE ALSO UNDERSTAND THAT IT IS MY/OUR RESPONSIBILITY IN CARRYING FOR THE CAMPER LISTED ABOVE TO BE ASSURED THAT HE/SHE IS FULLY CAPABLE OF ENGAGING IN THIS SPORT'S ACTIVITY, AND I/WE ARE CONFIDENT THAT HE/SHE IS ABLE TO ENJOY IT IN SUCH SPORT.

FOR THE SOLE CONSIDERATION OF MY CHILD'S PARTICIPATION IN THE CAMP AS OUTLINED ABOVE I AGREE TO INDEMNIFY AND HOLD HARMLESS VALDOSTA STATE UNIVERSITY AND THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA THEIR MEMBERS INDIVIDUALLY AND THEIR OFFICERS, AGENTS, AND EMPLOYEES (CURRENT AND FORMER) FROM ANY AND ALL CLAIMS, DEMANDS, CLAIMS FOR ATTORNEY'S FEES WHATSOEVER OR NATURE WHICH MIGHT BE ASSERTED AGAINST THEM, RIGHTS AND CAUSES OF ACTION OF WHATEVER KIND, BY OR ON BEHALF OF MYSELF, MY HEIRS, ASSIGNS, ATTORNEYS IN FACT, PERSONAL REPRESENTATIVES, DEPENDENTS, OR OTHERWISE, ARISING FROM MY CHILD'S PARTICIPATION IN CONNECTION WITH HE/HER ACTIVITIES AT AND THROUGH VALDOSTA STATE UNIVERSITY.

I hereby certify that I am eighteen (18) years of age or older, suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and for my own free will.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT PARENT/GUARDIAN NAME \_\_\_\_\_

Please complete both sides of this form and return it with your deposit or payment in full to reserve your space!