



- 2025 COYOTE VOLLEYBALL -

SATELLITE CAMP REGISTRATION FORM

**ELITE ALLIANCE
HIGH SCHOOL**

July 7 - 8, 2025

1 - 4 p.m. | Grades 9 - 12

\$90 per athlete

2025 COYOTE VOLLEYBALL CAMP APPLICATION

Please Print

Camper's Name _____

Address _____

City _____

State _____ Zip _____

Grade, Fall 2025 _____

Age _____ Height _____

School _____

Email _____

T-Shirt (Adult Sizes)

☐ S ☐ M ☐ L ☐ XL ☐ XXL

(Circle one):

☐ Outside Hitter ☐ Middle Blocker

☐ Setter ☐ Libero/DS

AMOUNT: \$ 90 _____

All USD volleyball camps are open to any and all participants,
limited only by camp size and age.

If you are a person with a disability and need a special accommodation
to fully participate, please contact the Office of Accessibility at least 48
hours before an event. Students and the public can contact the Office of
Accessibility at 605-658-3745 or accessibility@usd.edu. Faculty and staff
should contact Human Resources at 605-658-3660.

PARENTAL CONSENT

Please Print

Name of Camper _____

Date of Birth _____

Allergic Reactions _____

Past illnesses or other information that would be
useful in the event of treatment if necessary:

Insurance Company _____

Policy Holder _____

IN CASE OF EMERGENCY:

Father/Guardian _____

Home Phone _____

Work Phone _____

Cell Phone _____

Mother/Guardian _____

Home Phone _____

Work Phone _____

Cell Phone _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND
CONSENT TO MEDICAL TREATMENT

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily
assume the risks involved in participating in

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal
representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota,
its officers, employees, and agents for any liability for injuries to my person or property resulting
from my participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees,
and agents for any claims, causes of action, or liability to any other person arising from my
participation in the activity listed above; and
3. Consent to receive any medical treatment deemed advisable during my participation in the
activity listed above.
4. We agree that the university may take photos and video of campers participating in activities
for promotional purposes.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY
AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND
THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND
VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND
INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE
GREATEST EXTENT ALLOWED BY LAW.

In consideration of the acceptance of this application for enrollment in the 2025 Volleyball Camp,
I/we, intending to be legally bound, hereby for myself, my heirs, executors and administrators,
waive and release any and all rights and claims for damages I may have against all sponsors and all
employees of the 2025 Volleyball Camp for any or all damages which may be sustained and suffered
by me in connection with my/our association with or entry into this camp, and which may arise out
of my traveling to, participating in or returning from the camp. I/we hereby authorize the staff of the
Volleyball Camp to act for me according to their best judgement in any emergency requiring medical
attention and I hereby waive and release the Volleyball Camp from any and all liability. I/we hereby
grant permission for my/our child to participate in the Volleyball Camp and if an injury should occur
during, traveling to or returning from the camp, I/we agree to pay for all costs, present and future,
through my/our medical insurance policy and/or personal finances.

I declare that I am the father/mother/legal guardian
(circle one) of the above named minor.

Parent/Guardian Signature



- 2025 COYOTE VOLLEYBALL -

SATELLITE CAMP REGISTRATION FORM

**ELITE ALLIANCE
MIDDLE SCHOOL**

July 7 - 8, 2025

9 a.m. - Noon | Middle School

\$90 per athlete

2025 COYOTE VOLLEYBALL CAMP APPLICATION

Please Print

Camper's Name _____

Address _____

City _____

State _____ Zip _____

Grade, Fall 2025 _____

Age _____ Height _____

School _____

Email _____

T-Shirt (Adult Sizes)

☐ S ☐ M ☐ L ☐ XL ☐ XXL

(Circle one):

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AMOUNT: \$ 90 _____

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Work Phone _____

Cell Phone _____

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representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota,
its officers, employees, and agents for any liability for injuries to my person or property resulting
from my participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees,
and agents for any claims, causes of action, or liability to any other person arising from my
participation in the activity listed above; and
3. Consent to receive any medical treatment deemed advisable during my participation in the
activity listed above.
4. We agree that the university may take photos and video of campers participating in activities
for promotional purposes.

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AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND
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