

2019 OWL VOLLEYBALL CAMPS



REGISTRATION FORM



PLEASE SELECT ALL CAMPS YOU PLAN TO ATTEND

DATES	CAMP	TIME	ENTERING GRADES	COST
<input type="checkbox"/> 6/3 - 6/5	JUNE BIG OWLS ALL SKILLS CAMP	9:30 AM - 4:00 PM	6TH - 12TH	\$295
<input type="checkbox"/> 6/6	PASSING, ATTACKING, AND SERVING CAMP	9:30 AM - 4:00 PM	6TH - 12TH	\$95
<input type="checkbox"/> 6/7	DEFENSE, SETTING, AND SERVING CAMP	9:30 AM - 4:00 PM	6TH - 12TH	\$95
<input type="checkbox"/> 7/8	PASSING, ATTACKING, SERVING, AND POSITION CAMP	9:30 AM - 4:00 PM	6TH - 12TH	\$95
<input type="checkbox"/> 7/9 - 7/11	JULY BIG OWLS ALL SKILLS CAMP	9:30 AM - 4:00 PM	6TH - 12TH	\$295
<input type="checkbox"/> 7/12	ELITE OWLS CAMP	9:30 AM - 4:00 PM	9TH - 12TH	\$95
<input type="checkbox"/> 7/13	HGH SCHOOL TEAM CAMP	9:30 AM - 6:00 PM	9TH - 12TH	\$30*

FOR FULL CAMP DETAILS AND DESCRIPTIONS, PLEASE VISIT OUR WEBSITE AT

WWW.OWLVOLLEYBALLCAMPS.COM

QUESTIONS? PLEASE CONTACT GARRETT BITTER EMAIL: OWLVOLLEYBALLCAMPS@GMAIL.COM or CALL: 630-913-0100

15% DISCOUNT FOR KSU EMPLOYEES / FREE FOR KSU ATHLETIC STAFF / THERE IS A 50% CANCELLATION FEE AFTER MAY 1ST

10% DISCOUNT FOR 10 OR MORE PLAYERS FROM THE SAME VOLLEYBALL PROGRAM / PLEASE EMAIL FOR DISCOUNT CODES

PRORATED AMOUNT WILL BE CHARGED FOR MULTIDAY CAMPS (33.3% FOR EACH DAY ATTENDED)

*TEAM CAMP WILL INCREASE TO \$35 PER PLAYER AFTER JUNE 1st

CAMPER NAME: _____ D.O.B : ___/___/___ ENTERING GRADE: _____

POSITION (circle) : Outside Middle Setter Libero T-Shirt Size (Adult): _____

Name of Volleyball Club _____ Name of School: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ Phone # _____ TOTAL \$ ENCLOSED _____

Make Checks Payable to: Keith Schunzel (Head Coach)
217 RIPPLING Dr.
MARIETTA, GA 30064

JUNE BIG OWLS ALL SKILLS CAMP AND JULY CAMP WILL BE HELD AT THE KSU CONVOCATION CENTER

590 COBB AVE
KENNESAW, GA 30144

CAMPS HELD 6/6 AND 6/7 WILL BE HELD AT THE KSU PRACTICE FACILITY

CAMPUS LOOP Rd
KENNESAW, GA 30144

MUST SEND THE WAIVER RELEASE FORM WITH THE REGISTRATION FORM

Camps are open to any and all

LUNCHES ONLY PROVIDED FOR BIG OWLS ALL SKILLS CAMP



**Kennesaw State University & Kennesaw State University
Athletic Association
Waiver and Release**

Camp: 2019 Owl Volleyball Camps at Kennesaw State (Keith Schunzel Volleyball LLC)

Date(s): June 3rd – July 13th, 2019

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

LIABILITY RELEASE, INDEMNITY AND PROMISE NOT TO SUE:

I, the undersigned, in consideration of my participation in the Camp(s) referenced above and related activities thereto including training, preparation, and travel (separately and collectively, the “Camp”), wherever the/these Camp(s) may occur, acknowledge that I am aware that due to participation in the Camp, there exists the potential for injuries and accidents, including but not limited to strains, sprains, scrapes, bruises, broken bones, concussions, and various injuries to the body, and I freely assume all risks incidental to such participation.

In consideration of my participation in the Camp and on my own behalf, and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my participation in the Camp and/or any such related and associated activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys’ fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. I, for myself, understand that this Release and Indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury, property damage, and loss by theft or otherwise, suffered by me either before, during or after such participation. I declare that I am physically fit and have the skill level required to participate in the Camp and/or any such related and associated activities. I further authorize medical treatment for me, at my cost, if the need arises. For the purposes hereof, the “Released Parties” are: Kennesaw State University, the Board of Regents of the University System of Georgia, the Kennesaw State University Athletic Association Inc. Keith Schunzel Volleyball LLC doing business as Owl Volleyball Camps, all Camp sponsors and charities, and each of their respective parent, subsidiary, affiliated or related companies; and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities.

I also acknowledge that persons employed by the Released Parties may take photographs and/or videos of my participation and allow the use of these materials on behalf of the University without limitation or compensation including the release of my and/or my child’s name.

This Waiver and Release Form shall be governed by the laws of the State of Georgia, and any legal action related to or arising out of this Waiver and Release Form shall be commenced exclusively in the Superior Court in and for Cobb County, Georgia.

I certify I am eighteen (18) years of age or older and, if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS LIABILITY RELEASE, INDEMNITY, AND PROMISE NOT TO SUE.

Participant Information: (Please PRINT)

Name: _____

Date of Birth: _____ **Emergency Phone Number:** _____

If participant is 18 or over:

Signature of Participant: _____ **Date:** _____

If participant is under 18:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____