

VOLLEYBALL CAMPS



EIU VOLLEYBALL SUMMER CAMPS

OPEN TO ANY AND ALL ENTRANTS

(limited only by number, age, grade level and/or gender)

TUESDAY, JULY 25th, 2023

Little Panthers Camp - K-3rd Graders • 1pm-4pm • \$75 (Code 789)
Beginner level camp, teaching the starting point for passing, setting, attacking and serving!

WEDNESDAY, JULY 26th, 2023

Middle School Camp - 7th and 8th Graders • 9am-12pm • \$75 (Code 799)
Medium level camp, teaching passing, setting, attacking, serving and live play!

Panthers Attack Camp - 7th-12th Graders • 1pm-3pm • \$50 (Code 815)
Medium to high level attack camp, teaching approach, arm swing, hitter toolbox!

Panthers Serving Camp -

4th-6th Graders • 4pm-5pm • \$25 (Code 816)

7th-12th Graders • 5:30pm-6:30pm • \$25 (Code 816)

Beginner to high level, teaching of starting point of serve expanding to new serve strategies.

THURSDAY, JULY 27th, 2023

Panthers Setter & Libero Camp - 4th-12th Graders • 9am-12pm • \$75 (Code 803)
Beginner to high level range. Teaching first and second contacts of passing and setting.

Panthers All Skills Camp - 4th-12th Graders • 2pm-4pm • \$50 (Code 804)
Beginner to high level, teaching each skill used in volleyball with live play.

FRIDAY, JULY 28th, 2023

Future Panthers Camp - 8th-12th Graders • 9am-11:30am

Lunch Provided - 1pm-3:30pm • \$150 (Code 762)

High level camp, teaching each skill at a collegiate level idea, with competition!

**Questions? Contact Cole Aiazzi, Assistant at email cpaiazzi@eiu.edu.
Registration will be in Lantz Arena, 30 minutes prior to each camp time.**

2023 Volleyball Camp Registration Form

As a parent (or guardian), I hereby give my permission for my child to participate in the Panther Camp and acknowledge the fact that he/she is physically able to participate in clinic activities. I further acknowledge I will be responsible for any sickness, and I understand that Eastern's clinic insurance may not totally pay all medical expenses of an accidental injury incurred during the camp, depending upon family coverage.

PARTICIPANT'S NAME: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE: (_____) _____

SCHOOL ATTENDING: _____ GRADE IN FALL, 2023: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE _____

EMAIL: _____

HEALTH & CONSENT FORM

This medical treatment and billing authorization form MUST be completed and SIGNED by the parent to enable the camper to participate.

Camp Attending _____ Camp Code: _____

Camper Name _____ Age _____ Gender _____

Address _____

City / State / Zip _____

EMERGENCY CONTACT INFORMATION

Parent / Guardian _____ Relationship _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

HEALTH INFORMATION

Does camper have a history of:

_____ Convulsions _____ Heart Defect/Murmur _____ Asthma _____ Chicken Pox

_____ Diabetes _____ Bleeding Disorder _____ Surgery (past 2 years) _____ Mumps

Brief description of items checked _____

Medications: Type, dosage and frequency (list) _____

Allergies: (medications, foods, stings, other) _____

INSURANCE INFORMATION

EASTERN ILLINOIS UNIVERSITY REQUIRES that all sports campers carry health insurance coverage. The parent/guardian's personal or injury insurance policy will be utilized as the primary insurance for the treatment of injuries and hospitalization for illness or injuries incurred during the sports camps. **If you do not possess health coverage, a temporary policy covering sports camps must be purchased (through your insurance agent) to cover the camper for the duration of the sports camp.** The name of health insurance carrier and policy number must be written below in order to attend an EIU sports camp.

Insurance Carrier Name _____

Carrier Address/Phone _____

Policy / Group Number _____

AUTHORIZATION FOR TREATMENT: I do hereby authorize Eastern's athletic training staff to provide first aid, follow-up care and/or referral to Eastern's Health Service Staff, local physician or local hospital for emergency care. Furthermore, I hereby authorize EIU Health Service Staff to provide medical treatment and/or referral for further evaluation and treatment for the above named person in the event this should become necessary while attending camp at Eastern Illinois University.

Signature of Parent / Guardian (required for participation) _____ Date _____

Athletes must come to the Panther Camps physically sound. No preventative taping will be administered for injuries received prior to camp.

HEALTH and INSURANCE: Each applicant must have a Health Consent Form signed by a parent/guardian, stating camper is in good health and who to contact in case of an emergency. Form (above) is also available online at www.EIUPanthers.com. This form must be completely filled out, signed and returned to us, along with registration.

PLEASE RETURN THIS REGISTRATION FORM TO:

2023 EIU VOLLEBALL CAMPS

ATTENTION: COLE AIAZZI

600 LINCOLN AVE., CHARLESTON, IL 61920

REGISTER ONLINE AT WWW.EIUPANTHERS.COM