

Butler County Community College

Volleyball Clinic Medical Release Form

Player Name _____

1. Does Player have medical insurance through parent
Y or N
2. If yes to No. 1, name of Insurance Company

3. Policy number for No. 2

4. Medical Conditions(Check) Allergies(Check)
 Diabetes Aspirin
 Orthopedic Problems Penicillin
 Asthma Sulfa
 Epilepsy Insect Bites
 Cardiac Problems Tetracycline
 Other (please specify) Medications (please specify)

5. Current Medications(including over the counter)

6. Has player had a tetanus shot within 6 years? Y or N
7. Do you know of any health factor that makes it advisable for player to follow a limited program of physical activity or from participating in any of the activities? Y or N
8. If yes to No. 7, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies(other than drugs) or any other physical condition.

9. Does player wear glasses or contact lenses? Y or N

INDEMNIFICATION BY GUARDIAN: The undersigned guardian of _____ agree to save and indemnify BC3, its employees, agents and sponsors against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained while attending or participating in BC3 activities.

Signature _____

Date _____

Parent Authorization: The health history as provided is correct to the best of my knowledge and the child herein described has permission to engage in all activities, unless noted by me. I give my permission to the physician or hospital selected by a medical representative of the College to hospitalize, secure proper treatment for and to order medications, injections, anesthesia surgery for my child named on this form.

Signature _____

Date _____

This form must be filled out and returned prior to the start of the camp to be allowed to participate in any activity.

About BC3

As the first community college in Western Pennsylvania, BC3 earned the Pioneer name. For 50+ years, BC3 has been "The Smart Place to Start" for more than 100,000 students. BC3 offers a quality education with over 60 2-year transfer and career programs. The most affordable value in college education today, BC3 also has financial aid and scholarship opportunities for students. Now more than ever, students are discovering the advantages of obtaining an Associate degree at BC3.

BC3 Volleyball

The Pioneer Women's Volleyball team has established itself as one of the premier teams in both Pennsylvania and the region. Top area players have created a "TRADITION OF SUCCESS" at BC3 leading the Pioneers to numerous accomplishments including: 9 Region XX titles, 14 WPCC Conference titles, 9 PCAA State titles, 2 trips to the National Championship Tournament, and 7 All-Americans. Find out how you can join the tradition.

For more information regarding the BC3 Women's Volleyball program, coaches or players check out:

BC3.edu or

Facebook, Instagram and Twitter
@bc3pioneervball



2019

BUTLER

AREA

VOLLEYBALL

CAMPS

June 24-27



Butler County Community College
Butler, Pa
724-287-8711

2019 Butler Area Volleyball Camp

Presented by
Butler County Community College

June 24-27

Located at the BC3 Field House

9am to 11:30am girls entering grades 6-9

1pm to 3:30pm girls entering grades 9-12

Fee: \$75 per player



Each player is recommended to bring a drink or sports bottle.

The medical release form on the reverse page must be completed and signed prior to the start of clinic to be allowed to participate in any activity.

Clinic Features

- Experienced Coaching staff from the Butler County Community College Pioneers Team including current players as well as other local college players.
- Great facilities at the BC3 Field House
- FREE Clinic T-Shirt
- Instruction, Drills, and Competition
- Personal Attention

Rob Snyder – Head Coach BC3

- 20 Seasons
- 9 NJCAA Region XX Titles
- 10 WPCCA Conference Championships
- 7 NJCAA All-Americans
- 13 Seasons, Junior Olympic Head Coach for Pittsburgh 3-Rivers
- USAV CAP III Coach



For questions contact:

Rob Snyder

rob.snyder@bc3.edu

724-287-8711 x 8249

Butler Area Girls Volleyball Clinic Application Form

First Name _____ Last Name _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Age _____

Parent/Guardian _____

Emergency Phone _____

Email _____

School _____ Grade as of 09/19 _____

EXPERIENCE _____

HS Varsity Yrs. _____ Jr. Varsity Yrs. _____ Jr. High Yrs. _____

Club (team and Yrs.) _____

Height _____ Position _____

T-Shirt Size _____

Please select which camp you'll be attending:

9am - 11:30am (Grades 6-9) _____

1pm - 3:30pm (Grades 9-12) _____

**Cost \$ 75.00 per session
Make check payable to:**

Butler County Community College

Please send check to:

Butler County Community College
Attention: Women's Volleyball
107 College Drive
Butler, PA 16002