



# IDAHO STATE VOLLEYBALL

## IDAHO STATE VOLLEYBALL TEAM CAMP COACH CHECKLIST

We are looking forward to having you and your high school team attend Idaho State's 2018 Summer Team Camp! This coach's checklist will guide you through our mail-in registration process. We will send you a camp information email on July 1<sup>st</sup> that will provide you with updated information on registration, directions, and parking. If you have questions throughout the process, please contact April Sanchez at 208.282.5930 or [sancapri@isu.edu](mailto:sancapri@isu.edu).

### 1. TEAM CAMP ENTRY FORM

Please complete this form and mail it in with \$100 deposit.

**EARLY-BIRD DEADLINE with \$100 DEPOSIT: Postmarked on June 1, 2018**

### 2. TEAM ROSTER FORM

Please complete this tentative team roster form.

**DEADLINE: July 1, 2018**

### 3. TEAM CAMP PLAYER REGISTRATION FORM AND ISU VOLLEYBALL WAIVER

Please have ALL campers complete both forms. Campers are REQUIRED to complete both forms. If they fail to do so they CANNOT participate in camp. Coaches may distribute copies to athletes, collect completed forms into a packet, and mail the packet into ISU Volleyball Office. Campers and their parent(s)/guardian(s) may also complete the waiver online via our camp website.

**RECOMMENDED MAIL-IN DEADLINE: July 1, 2018**

**\*Teams can give Player Registration Forms/Waivers to ISU Camp Staff during Registration; however, team check-in will take longer due to compliance thoroughness.**

### 4. PROOF OF INSURANCE

ALL campers must provide proof of health insurance. Campers must do one of the following: 1) Make a hard copy in black and white, front and back, of their insurance card OR 2) Upload a copy of their insurance card to our camp website. Campers must have proof of insurance to compete in our summer camps.

**RECOMMENDED MAIL-IN DEADLINE: July 1, 2018**

### 5. TEAM HOUSING FORM

Idaho State University Housing will handle all housing registrations and confirmations. ISU Housing will email head coaches a Team Housing Form excel document. Coaches will assign their players to a suite, which houses up to four campers. If we do not receive this form by the deadline, housing will automatically make the rooming assignments for your team.

**DEADLINE: July 1, 2018**

### 6. TEAM CAMP FINAL PAYMENT FORM

Print and complete form. Either 1) Mail to the ISU Volleyball Office with final payment on/before July 12<sup>th</sup> OR 2) Bring completed form to Team Camp Check-In on July 12<sup>th</sup> with final payment.

**DEADLINE: July 12, 2018**

#### **MAIL ALL FORMS & PAYMENTS TO:**

Idaho State Volleyball  
Attn: Ariel Sanchez  
921 S. 8<sup>th</sup> Ave., Stop 8173  
Pocatello, ID 83209



# IDAHO STATE VOLLEYBALL TEAM CAMP

## TEAM ENTRY FORM

**EARLY DEADLINE: June 1, 2018**

Please complete this form. The more details or specificity you provide us, the better our camp coaches are able to train your team to meet your goals.

High School \_\_\_\_\_

Team Name for Camp (i.e. Bengal High School Orange or Bengal High School A) \_\_\_\_\_

Name of Head Coach for this Team \_\_\_\_\_

Coach's Cell Phone (XXX)XXX-XXXX \_\_\_\_\_

Coach's Email Address \_\_\_\_\_

High School Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Team Level (mark one):       Varsity       J.V.       Freshman

School Class:    1A    2A    3A    4A    5A    Other: \_\_\_\_\_

Last Season's Overall Record: \_\_\_\_\_

Last Season's Accomplishments: \_\_\_\_\_

Number of Returning Players: \_\_\_\_\_

Number of Returning Starters: \_\_\_\_\_

Number of Players in Club: \_\_\_\_\_

Club(s) Name: \_\_\_\_\_  
\_\_\_\_\_

Offensive System: \_\_\_\_\_

Defensive System: \_\_\_\_\_

Strengths of Team: \_\_\_\_\_

Weaknesses of Team: \_\_\_\_\_

Expectations for this 2018 Fall Season: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like a designated Camp Coach? (extra fee)    YES                      NO

**MAIL FORM AND \$100 DEPOSIT TO:**

Idaho State Volleyball, Attn: Ariel Sanchez, 921 S. 8th Ave. STOP 8173, POCATELLO, ID 83209





# **IDAHO STATE VOLLEYBALL TEAM CAMP**

## **TEAM CAMP – PLAYER REGISTRATION**

**RECOMMENDED DEADLINE: July 1, 2018 or during Team Registration**

ALL campers are REQUIRED to complete this form AND the [required ISU waivers](#) with the necessary signatures. If using the mail-in method, we recommend making a copy for players on your team, have them complete the documents, and return them to you. Please MAIL all registration forms and waivers to the Idaho State Volleyball Office or collect them and turn in at camp registration.

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Mailing Address City State Zip code

\_\_\_\_\_  
Email Phone Number (XXX) XXX - XXXX

\_\_\_\_\_  
/ /  
Date of Birth MM/DD/YYYY Grade in Fall 2018

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Name of High School Team

Check one:  Resident Camper (Housing and/or Meals)  Commuter Camper (Meals only)

Adult T-Shirt Size:  XS  S  M  L  XL

\_\_\_\_\_  
First Name(s) of Parent(s)/Guardian(s) Last Name(s) of Parent(s)/Guardian(s)

\_\_\_\_\_  
Name of Insurance Company Insurance Policy #

\_\_\_\_\_  
Name of Policy Holder Insurance Phone Number (XXX)XXX-XXXX

\_\_\_\_\_  
Name of Emergency Contact Relationship Phone Number

List any medical conditions/special instructions that ISU Coaching Staff need to know about the camper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **COACH MAIL FORMS TO:**

Idaho State Volleyball  
Attn: Ariel Sanchez  
921 S. 8th Ave., STOP 8173  
POCATELLO, ID 83209

QUESTIONS: Contact April Sanchez at sancapri@isu.edu or 208.530.5037



# ***IDAHO STATE VOLLEYBALL TEAM CAMP***

## ***PROOF OF INSURANCE***

**DUE: JULY 1, 2018**

ALL campers must provide proof of health insurance. Campers must do one of the following: 1) Make a black and white hard copy, front and back, of their insurance card and coach mails in with registration packet

OR

2) Upload a copy of their insurance card to our camp website. Campers must have proof of insurance to compete in our summer camps.



# IDAHO STATE VOLLEYBALL TEAM CAMP

## TEAM HOUSING FORM – SUITEMATES

**DUE: JULY 1, 2018**

Idaho State University Housing will handle ALL housing requests and registrations. ISU Housing will email head coaches a Team Housing Form excel document. Coaches will assign their players to a suite, which houses up to four campers. If we do not receive this form by the deadline, housing will automatically make the rooming assignments for your team.

### ISU HOUSING CONTACT INFO:

JORDAN WITHERS | Resident Director  
O | 08.282.4080  
[confrnce@isu.edu](mailto:confrnce@isu.edu)

BELOW IS A DEMO OF THE INFORMATION YOU WILL BE REQUIRED TO PROVIDE!!!

	A	B	C	D	E	F	G
1	Checkin Date	Checkout Date	Location	Suite	First Name	Last Name	Linen (yes/no)
2	7/13/2017	7/15/2017	Rendezvous	SUITE 1	1	2017 Team Camp	
3	7/13/2017	7/15/2017	Rendezvous	SUITE 1	2	2017 Team Camp	
4	7/13/2017	7/15/2017	Rendezvous	SUITE 1	3	2017 Team Camp	
5	7/13/2017	7/15/2017	Rendezvous	SUITE 1	4	2017 Team Camp	
6	7/13/2017	7/15/2017	Rendezvous	SUITE 2	5	2017 Team Camp	
7	7/13/2017	7/15/2017	Rendezvous	SUITE 2	6	2017 Team Camp	
8	7/13/2017	7/15/2017	Rendezvous	SUITE 2	7	2017 Team Camp	
9	7/13/2017	7/15/2017	Rendezvous	SUITE 2	8	2017 Team Camp	
10	7/13/2017	7/15/2017	Rendezvous	SUITE 3	9	2017 Team Camp	
11	7/13/2017	7/15/2017	Rendezvous	SUITE 3	10	2017 Team Camp	
12	7/13/2017	7/15/2017	Rendezvous	SUITE 3	11	2017 Team Camp	
13	7/13/2017	7/15/2017	Rendezvous	SUITE 3	12	2017 Team Camp	
14							

# DEMO ONLY



# IDAHO STATE VOLLEYBALL TEAM CAMP TEAM FINAL PAYMENT

FORM DUE: JULY 12, 2018

High School \_\_\_\_\_

Name of Head Coach for this Team \_\_\_\_\_

Coach's Cell Phone (XXX)XXX-XXXX \_\_\_\_\_

Team Level (mark one):       Varsity     J.V.     Freshman

FEES	NUMBER	COST/PERSON	TOTAL
1 <sup>ST</sup> TEAM	X	\$ _____	= \$ _____
2 <sup>ND</sup> TEAM	X	\$ _____	= \$ _____
3 <sup>RD</sup> TEAM	X	\$ _____	= \$ _____
Commuter Campers	X	\$ _____	= \$ _____
Resident Campers	X	\$ _____	= \$ _____
Additional Coach/Chaperone	X	\$ _____	= \$ _____

TOTAL COST \$ \_\_\_\_\_  
(Add the above totals)

TEAM DISCOUNT (If a new team to camp uses your name as a reference, write \$75 in the blank) \$ \_\_\_\_\_

TOTAL DEPOSITS PAID \$ \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_

(Subtract TEAM DISCOUNT AND TOTAL DEPOSITS PAID from TOTAL COST)

### COST TABLE

TEAM ENTRY FEES	WITHOUT Camp Coach:	Camp Coach Provided:
1 <sup>st</sup> Team Entry Fee	\$750	\$825
2 <sup>nd</sup> Team Entry Fee	\$700	\$775
3 <sup>rd</sup> Team Entry Fee	\$650	\$650
<b>RESIDENT CAMPER</b>		
Early Housing AND <u>ALL</u> Meals	Lodging starts Wednesday night and meal begins with Wednesday dinner	\$120
Early Housing AND Meals	Lodging starts Wednesday night and meal begins Thursday breakfast	\$111
Early Housing <u>ONLY</u>	Lodging starts Wednesday night <b>WITHOUT</b> meals for camp duration	\$54
Housing AND <u>ALL</u> Meals	Lodging starts Thursday night and meals being Thursday lunch	\$88
Housing <u>ONLY</u>	Lodging starts Thursday night <b>WITHOUT</b> meals	\$36
<b>COMMUTER CAMPER</b>		
Commuter	Meals begin on Thursday with lunches and dinners for camp duration	\$52
<b>ADDITIONAL COACH</b>		
*Additional coaches/chaperones <b>MUST</b> be INCLUDED and cost the same as camper costs.		

Please make checks to: Idaho State Volleyball. Please submit a single check or purchase order WITH a copy of this completed form, for the amount of the **BALANCE DUE by July 12<sup>th</sup> at Team Registration/Check-in.**

I understand and accept the terms of payments as detailed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### FOR IDAHO STATE VOLLEYBALL USE ONLY:

Date Received: _____	Date Received: _____
Check/P.O.# _____	Check/P.O.# _____
Amount Paid: _____	Amount Paid: _____

**MAIL FORM & PAYMENT TO:** Idaho State Volleyball, ATTN: Ariel Sanchez, 921 S. 8th Ave., STOP 8173, POCATELLO, ID 83209