



How to Edit Medical



www.ucfvolleyballcamps.com

Register Now / Sign In




2023
Volleyball
Camps



Let's get you signed in. If you do not have an account we will create one for you.

Email Address

✉ PARENTemail@example.com

Athletes under the age of 13 must have their accounts created by their parents / guardians. ([Privacy Policy](#))

Continue

1. Type in your parent email

- This is the email we will send information through so please choose an email you will check regularly

2. Click “Continue”



MULTIPLE ACCOUNTS FOUND

Please tell me who you are signing in for:

Athletes under the age of 13 must have their accounts created by their parents / guardians. ([Privacy Policy](#))

Select which person you are signing in as:

Mr. Knightro UCF (Parent)

Select parent account

Account Password

.....

Type in your password

Continue

Try a Different Email Address

What Type of Account is This?

Parent Account

If you are the PARENT ... please select PARENT.

A parent account can be used to access multiple athlete accounts.

Athletes can be registered through the parent account.

Athlete Account

This account belongs to the athlete. This account can be used to register into camps. This account cannot be used to access sibling accounts.

Athlete or Parent

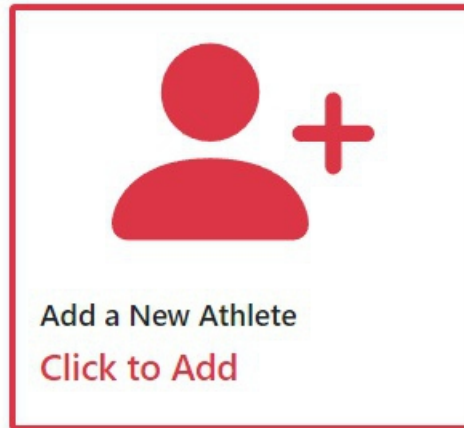
 Parent 

Continue

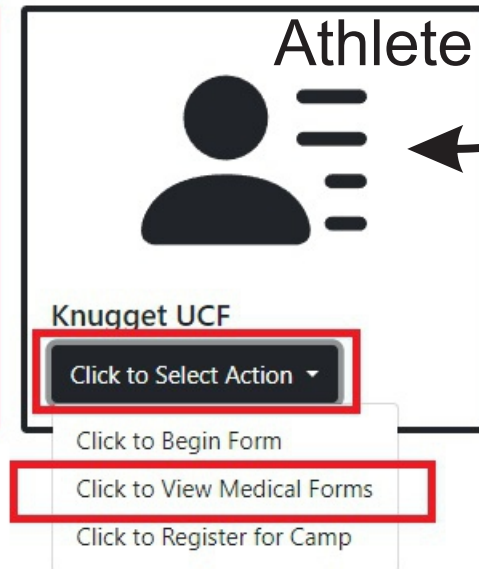
1. Select Parent

2. Click continue

Parent profile



Athlete profile



On the Athlete Profile

- Click "Select Action"
- Click "View Medical Forms"



STANDARD WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in UCF Volleyball Camps (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Dagenais Athletics LLC their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS NEGLIGENCE, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY

I agree to indemnify and hold harmless against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. I acknowledge that and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Knugget UCF.

I acknowledge that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Dagenais Athletics LLC AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Dagenais Athletics LLC FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Dagenais Athletics LLC, its agents, and employees. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

Signature Date:

Parent / Guardian Signature 

Knightro UCF

Continue



Primary Medical Contact

Full Name ☆

Knightro UCF

Address

12793 Gemini Blvd N

City / State / Zip

Orlando, FL 32816

Cell Phone ☆

407-308-5339

Role / Relationship ☆

parent

Continue

In the event of an emergency who ever you put **here** will be contacted

Secondary Medical Contact **Optional**

Continue



Insurance Information

Name of Insurance Company ☆

Group / Insurance Account Number ☆

Company Phone Number

Continue

Enter "**Self Insured**"
if you do not
have insurance and
are self-insuring.

Allergies / Dietary Needs / Other Comments

Allergies / Dietary Needs

GREEN

Please enter NONE if no allergies

Other Comments


Participation Release

Knugget UCF has my permission to participate in training, competition, events, activities and travel. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Continue



The medical is now complete

You are now seeing the list of available camps.
Unless you wish to add additional camps, no further action is needed



 Mr. Knightro UCF [My Profile \(Family\)](#) [List of Camps](#) [Camps Shopping Cart](#) [Statement / Receipt](#) [Pre-Order Your Clothing \(Store\)](#)

☐ Show all camps (including sold out)




3 Day All Skills Camp (Round #1)
Dates: Dates: 2023-07-16 to 2023-07-18
Commuter: 400.00
Residence: 450.00

 paid  about



3 Day High School (Team) Development Camp
Dates: Dates: 2023-07-13 to 2023-07-15
Commuter: 275.00
Residence: 350.00

 drop  about




2 Day College Prep Camp
Dates: Dates: 2023-07-29 to 2023-07-30
Commuter: 325.00
Residence: 325.00

 residence  commuter  about

1 Day Positional Camp (Attack)
Dates: Date: 2023-07-28 only
Commuter: 175.00

 commuter  about


2 Day Positional Camp (Setting)
Dates: Dates: 2023-07-25 to 2023-07-26
Commuter: 300.00
Residence: 325.00 (sold out)

 dorms sold out  commuter  about

Continue

Back

Selecting “**Statement / Receipt**” will show you all camps that all of your athletes have in the cart (paid and unpaid)

 Mr. Knightro UCF


My Profile (Family)

List of Camps

Camps Shopping Cart

Statement / Receipt

Pre-Order Your Clothing (Store)



Sold By:
Dagenais Athletics LLC

Orlando, FL

Sold To:
Mr. Knightro UCF
12793 Gemini Blvd N

Orlando, FL

Date: Tue Apr 4 10:22:07 2023

Participant			Billed	Due
Knugget UCF	Camp Registration	1 Day Positional Camp (Setting) (2023-07-28 to 2023-07-28)	175.00	0.00
Knugget UCF	Camp T-Shirt(M)	1 Day Positional Camp (Setting)	0.01	0.00
Knugget UCF	Camp Registration	3 Day All Skills Camp (Round #1) (2023-07-16 to 2023-07-18)	450.00	0.00
Knugget UCF	Camp T-Shirt(M)	3 Day All Skills Camp (Round #1)	0.01	0.00
Balance Due			625.02	0



KNIGHTS[™]

VOLLEYBALL



**Confirmation emails are sent to the email you used to register after you pay
from lucian.chenard@oasissis.com**

Please check your spam and junk folders.