

Marymount University Volleyball Camp
Girls 8th-12th grade
July 19-22, 2010

Copies of this form can be printed out from our website at www.marymount.edu/athletics/volleyball

Camp Date: Mon-Thu, July 19-22, 2010
Camp Time: 9am-3pm
Camp Enrollment: The camp is for girls going into 8-12th grade with experience playing organized volleyball. Campers will be grouped with those similar in skill and experience. Enrollment is open to the first 40 campers with no more than 20 players to a court and an excellent camper to staff ratio.
Camp Site: Marymount University, Lee Center, 2807 North Glebe Road
Director: Beth Ann Wilson, entering her 18th season as the Head Women's Volleyball Coach at Marymount University.
Cost: \$210.00 (\$185 for additional siblings and children of MU employees)
Questions: Contact Coach Wilson at 703-284-3834 or beth.wilson@marymount.edu

Marymount University High School Girl's Volleyball Camp Application 2010

NAME: _____ Age: _____ Height: _____

Volleyball Experience: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____ Email: _____

School: _____ Grade Sept. '10 _____

- Enclosed is a check for \$75 as a deposit fee (balance due first day of camp)
- Enclosed is a check for \$210 (\$135 refundable before July 05, 2010)
- Enclosed is a check for \$185 (additional sibling/MU employee discount, \$110 refundable before July 05, 2010)

PLEASE READ AND SIGN: I give my child permission to participate in the program indicated above. I understand that there may be inherent risks in any activity and that the advice of a medical doctor should be obtained prior to my child's participation in the program. I hereby waive and release Marymount University and the Girl's Volleyball Camp, its director and staff, from and against all claims for illness or injury directly resulting from my child's participation.

I have read and understand that the deposit of \$75 is non-refundable and the balance is due the first day of camp. If paid in full, the refundable portion of my payment must be requested before July 05, 2010.

Signature: _____ Date: _____

Please make checks payable to MARYMOUNT UNIVERSITY and return application to:
Marymount University Athletic Department
Attn: Beth Ann Wilson
2807 North Glebe Road
Arlington, VA 22207