

Marymount University Volleyball Camp
Girls 4th-8th grade
August 20-22, 2010

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

Camp Date: Friday, August 20 – Sunday, August 22, 2010
Camp Time: Friday 6-9pm, Saturday 10am-3pm (please bring lunch), Sunday 10am – 1pm
Camp Enrollment: The camp is for girls going into 4-8th grade, from the beginner to the intermediate level player. Campers will be grouped with those similar in skill and experience. Enrollment is open to the first 80 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: \$135.00 (\$110 for additional siblings and children of MU employees)
Questions: Contact Coach Wilson at 703-284-3834 or beth.wilson@marymount.edu

Marymount University 4th-8th grade 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
- Enclosed is a check for \$135
- Enclosed is a check for \$110 (additional sibling/MU employee discount)

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 \$75 is non-refundable and the balance is due the first day of camp. If paid in full, my refundable portion of the payment must be requested before August 1, 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