

Marymount University Volleyball Clinics

Girls 4th-8th grade

August 17-19, 2012

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

Clinic Dates: Friday, August 17 - Sunday, August 19
Clinic Times: Friday 6-9pm, Saturday 10am-3pm (please bring lunch),
Sunday 10am – 1pm (please bring snack)
Clinic Enrollment: Clinics are 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 72 campers with no more than 18 players to a court and an excellent camper to staff ratio.
Clinic Site: Marymount University, Lee Center, 2807 North Glebe Road
Coaching Staff: Beth Ann Wilson, entering her 20th season as the Head Women's Volleyball Coach at Marymount University and the entire Marymount 2012 coaching staff and team
Cost: \$140.00 (\$120 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 Clinic Application 2012

NAME: _____ Tshirt size YS YM YL AS AM AL

Volleyball Experience: _____

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

Home Phone: _____ Emergency Phone: _____ Email: _____

School: _____ Grade Sept. '12 _____

- Enclosed is a check for \$40 as a deposit fee (non-refundable, balance due first day of camp)
 Enclosed is a check for \$140 (\$100 refundable before August 1, 2012)
 Enclosed is a check for \$120 (additional sibling/MU employee discount, \$80 refundable before August 1, 2012)

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 Clinic, 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 \$50 is non-refundable and the balance is due the first day of camp. If paid in full, my refund must be requested before August 1, 2012.

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