

Marymount University Elite Volleyball Camp
Girls 10th-12th grade with
High School & USAV Club experience
July 23-26, 2012

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

Camp Date: Mon-Thu, July 23-26, 2012
Camp Time: 9am - 3:30pm
Camp Details: Training emphasis will be on skill technique, offensive systems, how to "read" the game and competition. Each court will have a lead college level coach and 2 assistants. Camp will include information on college recruiting and portions of each day will be set up for families to get competitive video footage.
Camp Enrollment: Advanced players going into 10-12th grade with high school and USAV Club experience. Participants should also have a desire to play in college. College coaches will be invited to observe throughout the week.
Camp Site: Marymount University, Lee Center, 2807 North Glebe Road
Director: Beth Ann Wilson, entering her 20th season as the Head Women's Volleyball Coach at Marymount University.
Cost: \$300 (\$275 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 2012

NAME: _____ Tshirt size AS AM AL AXL
Address: _____ City: _____ State: _____ Zip: _____
Best Phone: _____ Emergency Phone: _____ Email: _____
High School team _____ USAV Club team _____
Primary position _____ Secondary position _____ height _____
Colleges of interest: _____

- Enclosed is a check for \$75 as a deposit fee (balance due first day of camp)
- Enclosed is a check for \$300 (\$225 refundable before June 15, 2012)
- Enclosed is a check for \$275 (additional sibling/MU employee discount, \$200 refundable before June 15, 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 Elite 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 June 15, 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