

Application Form

Complete entire form. Total tuition must accompany this application. Send check/money order (no cash) payable to:

Washington University Volleyball Camps
Washington University, Campus Box 1067,
One Brookings Dr., St. Louis, MO 63130

Name _____ M _____ F _____

Address _____

City, State, Zip _____

PH # _____ Grade in '09-'10 _____

Email _____

Check the camp(s) you plan to attend:

- Bruin (Grades 6-8) (6/22-26) \$225.00
- Grizzly (Grades 9-12) (6/29-7/3) \$225.00
- Team Camp I (6/22-24) \$80/player
- Team Camp II (6/29-7/2) \$100/player
- High School Team Tourney ((7/18) \$175/team
- One Day Bruin (Grades 6-8) (7/19) \$85.00

Specialty Camps (Grades 8-12—unless approved)

- Defense (6/25) \$45.00
- Setter (6/20) \$85.00
- Hitter (6/21) \$85.00
- Setter returning to Hitters' Camp **to set** \$50.00

Medical Release Form

I hereby authorize the directors of the Washington University Volleyball Camps to act for me using their best judgment in any situation requiring medical attention. I know of no mental or physical conditions which might affect my child's ability to safely participate in the camp. I agree to assume any expenses, medical or otherwise, associated with attendance at the camp. I also agree to comply with the rules and regulations of the camp.

Signature (parent or guardian if child is 18 or under) _____

Camper's insurance co/policy number (required) _____

There is a nonrefundable \$25.00 administrative fee (already included in the camp fee). NO REFUNDS can be issued after June 1, 2009

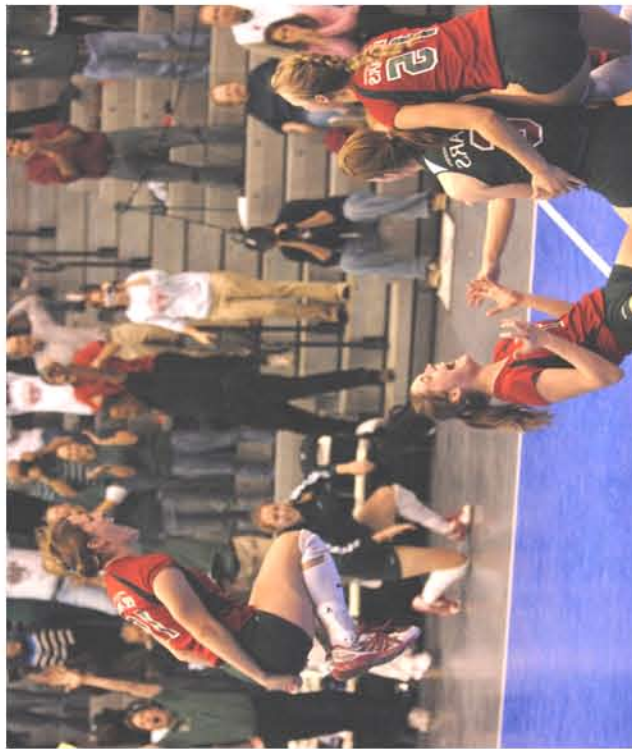
Circle shirt size

Adult XL Adult L Adult M Adult S Child L

Exact shirt sizes cannot be guaranteed for campers who register after June 1

BEARS VOLLEYBALL

9-time NCAA Division III National Champions



2009

Washington University Volleyball Camps