

Gustavus Advanced All Skills Training Camp

9th – 10th grade

July 13 – 14, 2018

**Registrations due by June 29th, 2018*

New revised format! Two days of advanced ALL SKILLS training just for 9th and 10th graders!

4 On-Court Skills Sessions:

- Gustavus College coaches, elite club and high school coaches, and Gustavus College players offer advanced all skills training for campers through multiple drills and competitive games. This camp will focus on training important core skills to help prepare high school campers to take their game to the next level for the upcoming high school season.

Fun Extras:

- T-shirt
- Meals in Top 10 Nationally-Ranked Gustie cafeteria
- Overnight option in the college dorms
- Fun evening activity: bonfire and s'mores!

Cost:

- Resident \$200.00/camper
- Commuter \$170/camper (overnight in dorm and Saturday breakfast not included)

Friday, July 13

1:45 – 2:30pm	Resident Camper Check-In at Dorm
2:45 – 3:00pm	All Campers Check-In at Lund Athletic Center
3:00 – 5:00pm	Session 1
5:30 – 6:30pm	Dinner
6:45 – 8:45pm	Session 2
9:15 – 10:00pm	All Camp Activity
11:00pm	Dorm Lights Out

Saturday, July 14

8:00 – 8:45am	Breakfast
9:00 – 11:30am	Session 3
12:00 – 1:00pm	Lunch
1:30 – 4:00pm	Session 4
4:00pm	Camp Ends
4:15 – 4:45pm	Resident Camper Check-Out at Dorm

Gustavus Advanced All Skills Training Camper Registration Form

First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Primary Email _____

School _____ Grade (Fall 2018) _____

Home Phone # _____ Cell Phone # _____

Medical Conditions/Allergies _____

Parent Contact Name(s) _____

Parent Cell Phone Number(s) _____

Roommate Preference Name _____

(If emergency contact is different from parents please fill out below)

Emergency Contact Name _____

Emergency Contact Cell Phone Number _____

Commuter or Resident Camper (circle only one):

Commuter (cost \$170) Resident Camper (cost \$200)

Choose a T-Shirt Size (circle only one):

Adult Small Adult Medium Adult Large Adult XL

Volleyball Position (circle only one):

Outside Right Side Middle DS/Libero Setter

Please send completed waiver form, registration form, and payment by June 29 to:

Gustavus College

Rachelle Sherden/Volleyball

800 West College Avenue

St. Peter, MN 56082

****Please make checks out to: VolleyRo LLC**

REFUND POLICY: *Cancellations: Before June 1, full camp credit will be issued to you for any reason if you must cancel. After June 1, a 50% (of registration cost) administrative fee will be charged to all registrants who will be withdrawing from the camp. The remainder will be refunded.

ACTIVITY RELEASE FORM

Read Carefully Before Signing

ANY PARTICIPANT OR PARTICIPANT GUARDIAN MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM

Participant Name: _____ Male Female Age _____
Parent / Guardian Name(s): _____ Parent / Guardian Phone Number(s): _____
Address (including city, state and zip code): _____

RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Gustavus Adolphus College, Gustavus Volleyball Camps, and VolleyRO LLC, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Gustavus Adolphus College, Gustavus Volleyball Camps, and VolleyRO LLC does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services. I hereby grant permission to the applicant to attend the Gustavus College Volleyball Summer Camps and to be treated by a licensed physician or member of the school's training staff in the event of any injury, accident, or illness during the camp.

In consideration of my participation in and the use of the Gustavus Adolphus College, Gustavus Volleyball Camps, and VolleyRO LLC premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Gustavus Adolphus College, Gustavus Volleyball Camps, and VolleyRO LLC.

I do hereby grant the Gustavus Adolphus College, Gustavus Volleyball Camps, and VolleyRo LLC permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of Gustavus Volleyball Camps and VolleyRo LLC and will not be returned. I hereby irrevocably authorize the Gustavus Volleyball Camps and VolleyRo LLC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

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I agree to the refund policy set forth by Gustavus Volleyball Camps and VolleyRo LLC and agree to abide by the policy in the event that I can no longer attend camp.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent or Guardian Signature: _____ Date: _____
Adult Participant Signature: _____ Date: _____
Printed Name of Participant: _____ Date: _____