Gustavus Advanced Positional Training Camp 9th – 10th grade July 26 – 28, 2020

New revised format! THREE days of advanced positional training 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 positional skills training for campers. This camp will focus on training core position-specific skills to help prepare high school campers to take their game to the next level for the upcoming high school season.

2 Valuable Off-Court Sessions:

Campers will be introduced to elite mindset and team-building training through an engaging activity in the
first off-court session. In the second off-court session campers will spend time with Gustavus Volleyball
student-athletes in a O&A session about recruiting, college volleyball, and more!

Fun Extras:

T-shirt, meals in the Top 10 Nationally-Ranked Gustie cafeteria, two nights in the college dorms, and fun evening activities including a bonfire and s'mores!

Cost:

- Resident \$320.00/camper
- Commuter \$270/camper (overnights in dorm and Monday & Tuesday breakfast not included)

Camp Schedule

Sunday, July 26

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

Monday, July 27

;

Tuesday, July 28

8:00 – 8:45 am	Breakfast for Resident Campers
9:00 - 11:15 am	Court Session 4
11:15 - 11:45 am	Off Court Session for All Campers
12:00 - 12:30 pm	Dorm Check-Out for Resident Campers

^{*}Registrations due by July 10, 2020

Gustavus Advanced Positional Training Camper Registration Form

Camper First Name	First Name Camper Last Name				
Home Address					
City	State	Zip			
School	G	rade (Fall 2020)			
Camper Primary Email					
Camper Cell Phone #					
Parent Contact Name(s)					
Parent Cell Phone Number(s)					
Parent Email(s)					
Medical Conditions/Allergies					
Roommate Preference Name					
(If emergency contact is differen	nt from parents liste	ed above please fill out below)			
Emergency Contact Name	Cel	l Phone Number			
Commuter or Resident Camper (circle only one):				
Commuter (cost \$320) Resident					
Choose a T-Shirt Size (circle only	y one):				
Adult Small Adult Medium Adu					
Volleyball Position (circle only or	ne):				
	DS/Libero Setter	No Specific Position Yet			
Please send completed waiver form Gustavus College	, registration form, a	nd payment by <u>July 10</u> to:			

Rachelle Sherden/Volleyball **Please make checks out to: VolleyRo LLC

800 West College Avenue

St. Peter, MN 56082

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 if any, while attending, engaging, practicing, participating or witnessing the premises or at any offsite location. I hereby assume full risk, waive College, Gustavus Volleyball Camps, and VolleyRO LLC, individually cuits, damages, expenses, fees, actions, or rights of action or judgment of my family or heirs, or my guests, or damage, destruction or loss to or is in any way connected with my presence on the premises, or my properties or omissions of the releases or any other third party.	g activity and/or certain event(s) oc e all claims and release and hold Gu- or otherwise, harmless for any and a nts as a result of injury or death to n my property, which in any way relate	curring in or about stavus Adolphus Il liability, claims, nyself or members es to, arises out of,			
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.					
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.					
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:				

Date:

Printed Name of Participant: