

Lil' Gusties Volleyball Day Camp

K – 5th Grade

August 3 – August 6

9:00 am – 11:30 am

**Registrations due by July 20, 2020*

Circuit format to maximize training and FUN!

- Fundamental all-skills training and games in a positive, energetic, and engaging atmosphere!
- T-shirts, snacks, and fun off-court activities included
- Boys & girls welcome

Schedule Each Day

- 9:00 – 9:30 am Camp Warm Up Game
- 9:30 – 11:00 am Volleyball Skills Training
- 11:00 – 11:30 am Fun Outdoor Camp Games

Cost:

- \$95.00/camper (Includes camp t-shirt and snack each day)

Other Information

- Camp Check-In: On Monday, August 3rd please arrive at Gustavus at 8:45 am and head to the Gus Young Court in Lund Center (athletic facility) to check-in.
- PARENT MEETING: There will be a brief and optional parent meeting in the gym at 8:50 am on Monday, August 3rd to talk about the schedule each day and answer any questions that parents may have.
- CHECK-IN POLICY: **Parents must come into Lund Athletic Center with their children and check them in and out of the camp each day.** If there is another person providing transportation for your child please send a note with your child that confirms it is okay for that person to drop-off and/or pick-up your child. Parents are welcome to stay in the gym to observe during camp!

What to Bring

- Water bottle
- Gym shorts
- Gym t-shirt
- Socks
- Court shoes (change from outdoor shoes)
- A great attitude!

***This is the link to our [campus map](#). During the summer visitors can park in any lots on campus. Lot A "Norelius" on the map is the closest to Lund Center (volleyball gym) where you will check in for camp.

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: _____

Lil' Gusties Camper Registration Form

Camper First Name _____ Camper Last Name _____

Home Address _____

City _____ State _____ Zip _____

School _____ Grade (Fall 2020) _____

Parent Contact Name(s) _____

Parent Cell Phone Number(s) _____

Parent Primary Email(s) _____

Parent Cell Phone Number(s) _____

Buddy Request _____

Medical Conditions/Allergies _____

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

Emergency Contact Name _____

Emergency Contact Cell Phone Number _____

Cost:

\$95.00/camper (Includes camp t-shirt and snack each day)

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

Youth Small Youth Medium Youth Large
Adult Small Adult Medium Adult Large Adult XL

Please send completed waiver form, registration form, and payment by July 20 to:

Gustavus College
Rachelle Sherden/Volleyball
800 West College Avenue
St. Peter, MN 56082

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

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