

**July 31st and August 1st 2009**



**ELITE SPORTS**

**PROUDLY PRESENTS**

**MARSHALL UNIVERSITY  
VOLLEYBALL CAMP**



**330 494-2110**

SESSION 1	ATTACKING	JULY 31 <sup>ST</sup>	1:00-4:00	<input type="checkbox"/>
SESSION 2	BALL CONTROL	JULY 31 <sup>ST</sup>	1:00-4:00	<input type="checkbox"/>
SESSION 3	SETTING	JULY 31 <sup>ST</sup>	1:00-4:00	<input type="checkbox"/>
SESSION 4	BALL CONTROL	JULY 31 <sup>ST</sup>	4:30-7:30	<input type="checkbox"/>
SESSION 5	SETTING	JULY 31 <sup>ST</sup>	4:30-7:30	<input type="checkbox"/>
SESSION 6	ATTACKING	JULY 31 <sup>ST</sup>	4:30-7:30	<input type="checkbox"/>
SESSION 7	SETTING	AUGUST 1 <sup>ST</sup>	9:00-12:00	<input type="checkbox"/>
SESSION 8	ATTACKING	AUGUST 1 <sup>ST</sup>	9:00-12:00	<input type="checkbox"/>
SESSION 9	BALL CONTROL	AUGUST 1 <sup>st</sup>	9:00-12:00	<input type="checkbox"/>

**CHOOSE YOUR SESSIONS;**

**Per session fee \$65.00 Includes Marshall Volleyball T-shirt.**

**Choose 2 sessions for \$110.00 (Savings of \$20.00).**

**Choose three sessions \$130.00 (Savings of \$65.00 Buy 2 get 1 free)**

**EACH SESSION IS LIMITED TO 14 GIRLS.**

**Date of payment is considered application date. Must have waiver on file.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_\_ School \_\_\_\_\_

Size \_\_\_\_\_ (indicate youth or adult)



T-Shirt

Amount Enclosed \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_

Charge Card

# \_\_\_\_\_ EXP \_ / \_

Card Holder Signature \_\_\_\_\_



## Waiver and Informed Consent Agreement

In consideration of my child's participation in the activities of Elite Sports Ltd, I do hereby declare him/her to be medically able to participate in the activities offered by Elite Sports Ltd.

I understand that there are risks that may include disabling injury and/or death involved in all physical activities. I agree to familiarize myself with all equipment, facilities, rules and physical demands related to the activities undertaken.

I agree to hold free from any and all liability Elite Sports Ltd and their respective officers, employees, members, volunteers, and sponsors and do hereby for myself, my heirs, executors and administrators waive, and release and forever discharge any and all rights and claims for damages which I may have or which may accrue to him/her arising out of or connected with his/her participation in any of the activities of Elite Sports Ltd.

I have been appraised of and acknowledge the particular hazards and potential dangers in my child's participation in these activities.

Parent or Legal custodian's Signature:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

please inform us of all food allergies: \_\_\_\_\_

Or

Medical Conditions that we should be aware of \_\_\_\_\_