

Syracuse University Girl's Volleyball Camps

(August 6 - 9, 2009)

Camp Director

Jing Pu – Syracuse University Head Women's Volleyball Coach

Camp Features with three choices

1. Volleyball camp to develop individual skills and improve game experience
2. Volleyball Setter's intensive training camp
3. Volleyball DS/libero intensive training camp

Age limit

Middle and high school girls

Where

Syracuse University on campus room/board and indoor gyms

Daily Schedule

Check-in: 12:00 noon - 1:00 pm, Thursday, August 6, 2009 (Lunch is not included)
Morning: 9:30 am - 12:00 noon, Afternoon: 2:00 pm - 4:30 pm, Evening: 6:30 pm - 8:30 pm,
Check-out: 4:30 pm - 5:30 pm, Sunday, August 9, 2009 (Dinner is not included)

Fee

US\$330 including on campus room/board, sports drink and a camp T-shirt
US\$320 for early registration postmarked before May 15, 2009.
An additional US\$20 team discount given to each one in a team of 6 or more from the same school.

Registration

Return the Registration Form with a US\$100 deposit
You will receive a confirmation card, a detailed information sheet and a health form to sign and return
For team discount, registration forms **must** be received in one envelope with each individual's form and deposit

For more information, please call (315) 443-1241, E-mail: cmmunger@syr.edu or jpu@syr.edu

2009 SU Girl's Volleyball Camps Registration Form

Name: _____ E-mail: _____ Parent E-mail: _____

Home address: _____ City, State, Zip: _____

Home phone #: () _____ My cell #: () _____ Parent cell # () _____

Father's work phone #: () _____ Mother's work phone #: () _____

Year of H.S. graduation: _____ School name: _____ Level you played: _____

Check **one** only: I choose to attend Volleyball skills camp (), Setter's Intensive training camp (), DS/libero intensive camp ()

() A US\$100 deposit is enclosed, () US\$330 paid in full, () US\$320 paid in full if sent before May 15, 2009.

Please request only **one** roommate. Name: _____

***This volleyball camp is subject to licensing and inspection by the New York State Department of Health.
A secondary insurance coverage is purchased by the camp for every participant.***

Please complete and sign the following part

Our daughter named above is in good health and able to participate in organized camp activities. We have adequate medical insurance coverage (Insurance Company: _____ Policy Number: _____) and give our daughter permission to attend the 2009 Syracuse University Girl's Volleyball Camp and we agree to indemnify Syracuse University and the camp staff for any claim which may hereafter be presented by our daughter as a result of any injuries. In addition, our daughter promises to conform to all the safety rules and regulations of this Volleyball Camp.

Parent or Guardian Signature: _____ **Date:** _____

Please make checks payable to: **SU Volleyball Camp**, and mail this form to:

**SU Volleyball Camp
Manley Field House
Syracuse, NY 13244**