

# *Syracuse University Volleyball Commuter's Camp*

( August 1 - 3, 2007 )

## Camp Director and instructor

Jing Pu – Syracuse University Head Women's Volleyball Coach

## Camp Features

Develop individual skills and improve game experience

## Age limit

Boys and Girls under the age of 18

## Where

Syracuse University on campus indoor gym

## Daily Schedule

Morning session: 9:30 am - 12:00 noon, Lunch break: 12:00 noon – 1:00 pm, Afternoon session: 2:00 pm - 4:30 pm

## Fee

\$130 including sports drink and a camp T-shirt (Lunch is not included)  
A \$10 late fee will be charged to registration postmarked after May 15, 2007.

## Pre-Registration

Return the Registration Form with a deposit of \$50 before May 15, 2007  
You will receive a confirmation card and a health form to sign and return

**For more information, please call (315) 443-1241, E-mail: [cmmunger@syr.edu](mailto:cmmunger@syr.edu)**

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## **2007 SU Volleyball Commuter's Camp 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 #: (        ) \_\_\_\_\_

Age: \_\_\_\_ Grade next year: \_\_\_\_ Gender: \_\_\_\_ School name: \_\_\_\_\_ Level you played: \_\_\_\_\_

(    ) A \$50 deposit is enclosed, (    ) \$130 paid in full, (    ) A \$10 late fee is enclosed if sent after May 15, 2007.

***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 child named above is in good health and able to participate in organized indoor volleyball camp activities. We have adequate medical insurance coverage (Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_) and give our child permission to attend the 2007 Syracuse University 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**