2015 SUMMER VOLLEYBALL CAMP REGISTRATION
Camps.jumpforward.com/neworleans privateersvolleyball@gmail.com (803) 747-5889

2015 SESSIONS: (please check all selections)

**Privateers Position, July 3rd, 2015**
- Position Commuter Tuition $80.00

Grades 6-12 Camp is designed to help you master a specific position. This camp offers advanced skill training that is position specific with tons of opportunities to apply what you have learned. Experience is required.

**Privateers Team Camp, July 6th-8th, 2015**
- Team Camp Commuter Tuition $130.00 Per participant
- Team Camp Overnight Tuition $190.00 Per participant

**Privateers Academy, July 13th-15th, 2015**
- Academy Commuter Only 10:00am-12:30 pm
- Tuition: $50.00

All around skill development camp for beginner and intermediate players girls & boys ages 8-14.

**Privateers Elite July 15th-17th, 2015**
- Elite Commuter Tuition: $275.00
- Elite Overnight Tuition: $350.00

Grades 7-12 Elite players looking to take their game to another level should attend this camp. Experience is required. Each session will be run at a fast pace just like collegiate practices.

Return this flyer with your $50.00 deposit to: make checks payable to New Orleans Volleyball, LLC
Balance can be paid in full on or before camp check in.
Millicent Van Norden, Head Volleyball Coach
University of New Orleans Athletics
2000 Lakeshore Drive
New Orleans, LA 70148
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Waiver of Liability Release Form

We (the parents or legal guardian of the applicant) do hereby waive and release any and all rights and claims
for damages due to injury and death that may be suffered before, during and after the event which my child
attended. We (the undersigned) agree to indemnity, hold harmless and defend all liability charges or
accusations against Millicent Van Norden and the University of New Orleans. I fully understand the act of
volleyball is potentially dangerous by its nature and that possible injury could occur during the course of
instruction and participation.

Warning: Sports by their very nature pose the continuous threat of injury that no type of equipment can
ensure against or prevent. Any person that is not willing to assume and be responsible for the risk or
consequence of injury should not participate.

I verify that my child has had a physical examination in the last 12 months prior to the camp and has been
certified by a physician to be eligible to participate in volleyball activities or any other related athletic activity.
Should a medical emergency arise and the parents/guardian cannot be reached (after reasonable attempts
have been made) we hereby authorize any certified physician, nurse, or trainer selected by staff or personnel
to order and conduct any medical or surgical procedures necessary for the welfare and betterment of my
child. By our signature we attest to understand this waiver in its entirety.

Name: ___________________________ Grade: ________

Team Name: _____________________________________________

Address: ___________________________________________________

Phone: __________________ Mobile: __________________ Shirt Size:_____

Parent (s) Name: ____________________________________________

Email: ______________________________________________________

Parent/Guardian Signature:____________________________________