

# 2010 CAMP APPLICATION

*please print*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Grade (Fall '10) \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_

Most Recent Club \_\_\_\_\_

*Position (✓ check only one)*

- Outside Hitter    Def Specialist    Setter  
 Rightside Hitter    Middle Hitter    Unknown

*Please mark your choice (✓)*

Individual Camp - July 6-7 - \$130.00

Individual Camp - July 8-9 - \$130.00

Junior Camp - July 10 - \$50.00

Specialty Camp

July 12-13 - Commuter Camp - \$160.00

July 12-13 - Overnight Camp - \$210.00

Defensive Camp - July 14 - \$50.00

Team Camp - July 16-17 - \$35.00

**T-shirt size (circle only one):** Youth Size: S M L Adult Size: S M L XL

**Payment:** *(make check payable to UNO Volleyball Camp)*

\$50.00 non-refundable deposit enclosed (per camp)

Full payment enclosed

**Parent's Release and Indemnity Agreement:**

We (I) hereby request that you accept the application for the enrollment of \_\_\_\_\_ in the 2010 UNO VOLLEYBALL CAMP(S) during the dates set forth in this application, and in consideration of your acceptance of the application, we (I) hereby release the UNO VOLLEYBALL CAMP(S), the BOARD OF REGENTS of the UNIVERSITY OF NEBRASKA and their employees and agents from all claims on account of any injuries which may be sustained by our (my) son/daughter while attending the UNO VOLLEYBALL CAMP(S), and its employees and agents from all claims which may hereafter be presented by our (my) son/daughter as a result of any such injuries.

**Parent's Daytime Phone** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Signed (parent)** \_\_\_\_\_

Mail form/payment to: UNO Volleyball • FH213  
6001 Dodge St. • Omaha, NE 68182