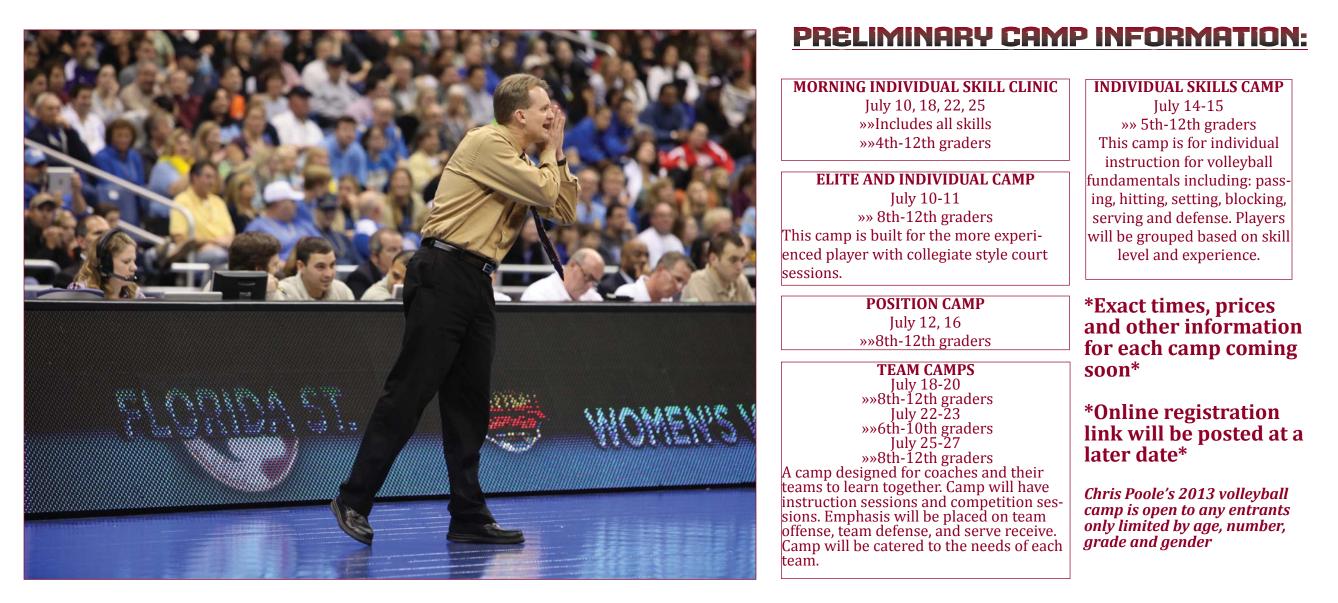
FLØRIDA STATE CHRIS POOLE'S 2013 VOLLEYBALL CAMP



CHECK IN/DIRECTIONS

All Check Ins will be at Tully Gym. For directions, search for 139 Chieftan Way, Tallahassee, FL 32306 on GPS.

»» TRAVELING CAMPERS

If you are coming from outside the area please note: American, US Airways, Northwest, Continental, United, and Delta Airlines service Tallahassee Regional Airport (TLH). The airport is located 15 minutes from campus. Call or email to arrange for transportation from airport.

WHAT TO BRING

· Residential Campers need to provide twin bed linens, towels, and personal items (Extra t-shirts, shorts, socks, etc...) All campers need to bring workout clothes, non-marking court shoes and kneepads.

»»Accommodations

Air-conditioned accommodations will be as assigned. Resident meals are provided in the cafeteria and are all you can eat. Supervision by camp counselors at all times. Athletic Trainer on call or on location 24 hours.

»»ROOMMATES

Doubles only- Request on registration form or will be placed according to age/grade.

»»Meals for Commuters

Lunch and/or Dinner included for ONE-DAY camps as indicated. During all other camps commuters will have the opportunity to purchase lunches and dinners for \$10 per meal at registration.

»»PAYMENT AND REFUND POLICIES

A nonrefundable deposit of \$50 per camper per camp must accompany the application form. The balance is payable prior to or at check in. Refund requests must be received 2 weeks prior to each camp and can only be handled through the Florida State volleyball camp office, not through Seminoles.com

»»NIGHT BETWEEN CAMPS

If you are planning to attend multiple camps as a resident, overnight housing is available between camps. Cost is \$20 per night; meals are not included, but available - please request on registration form.

SUMMER 2012 CAMP APPLICATION

PARENT/GUARDIAN RELEASE FORM

I/We, the undersigned, hereby certify that I/We am/ are the parent (s) or legal guardian (s) of the participant listed below. I/We hereby give permission for the staff of the camp to seek, during the period of the camp, medical attention for the participant and for the medical attention to be given and for the participant to receive medical attention in the event of accident, injury or illness. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Chris Poole Florida State camp staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property, which may be sustained during participation in clinic activities or while at the camp, whether or not damages, injury or loss is due to negligence. It shall be understood that participants are contracting with the employee and not Florida State University; the university and the state of Florida do not assume any contractual obligations for the conduct of the employee's activity.

| Printed name of Parent or Guardian | |
|--|------|
| Signature of Parent or Guardian | Date |
| Camper's Insurance Company and Address | |
| Policy Holder | |
| Policy Number | |

Emergency Contact cell phone during camp

REQUIRED: We must have a physical from your doctor within the last 15 months for participation.

| Nam | ~ |
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| Inaill | e |

| Address | July 13 July 2 |
|---|--|
| City, State, Zip | SELECT THE CAN |
| | »Elite Camp (8th-1) July 12-13 Resident |
| Phone | July 12-13 Kesident |
| Alternate phone | July 12-13 Commute |
| | »Individual Skills C |
| Email | July 12-13 Resident |
| | July 12-13 Commute |
| Position Height | July 12-13 Commute |
| | July 19-20 Resident July 19-20 Commute |
| Date of BirthGrade Fall 2012 | July 19-20 Commute |
| Years played: | »Position Camp (6t |
| School Juniors | July 14 Commuter \$7 |
| , antoro | July 21 Commuter \$7 *Indicate Position |
| School | multure rosition _ |
| | »Team Camp (7th-1 |
| Coach's name | July 15-17 Resident |
| | July 15-17 Commute |
| Club name | July 15-17 Commute |
| | July 23-25 Resident |
| Adult or Youth t-shirt size | July 23-25 Commute |
| (T-shirt not included with morning clinics. T-shirt included with all other | July 26-28 Resident |
| camps) | July 26-28 Commute |
| | July 26-28 Commute |
| Roommate preference: | »»One coach per tear |
| Roominate preference. | »»Additional coache |
| | »Morning Individua |
| If none is listed, camper will be grouped by age/ | (4th-12th graders) |
| grade | July 12 \$30 |
| | July 19 \$30 |
| »»Camps open to any and all, according to age/ | July 23 \$30 July 26 \$30 |
| grade noted and space available. | |
| · · | »»Clinics are from 9: |
| | »»Clinic does not inc |

OVERNIGHT HOUSING BETWEEN CAMPS

»» \$20 per night Please indicate the dates you are planning to stay overnight between camps: 13 ____ July 20 ____ July 25 ____

ECT THE CAMP(S) YOU PLAN TO ATTEND:

| Elite Camp (8th-12th graders) Ily 12-13 Resident \$165 | |
|---|-----|
| ıly 12-13 Commuter \$125 | |
| ıly 12-13 Commuter Meal Plan \$20 | |
| | |
| Individual Skills Camp (4th-12th graders) | _ |
| ıly 12-13 Resident (7th-12th) \$165 | |
| ıly 12-13 Commuter (4th-12th) \$125 | |
| lly 12-13 Commuter Meal Plan \$20 | |
| ıly 19-20 Resident (7th-12th) \$165 | |
| ıly 19-20 Commuter (4th-12th) \$125 | |
| ıly 19-20 Commuter Meal Plan \$20 | |
| | |
| Position Camp (6th-12th graders) | _ |
| ıly 14 Commuter \$75 | |
| ıly 21 Commuter \$75 | |
| Indicate Position | |
| | |
| Feam Camp (7th-12th graders) | _ |
| lly 15-17 Resident \$200 | |
| lly 15-17 Commuter \$135 | |
| lly 15-17 Commuter Meal Plan \$40 | Ľ |
| ıly 23-25 Resident \$200 | Ļ |
| lly 23-25 Commuter \$135 | |
| ıly 23-25 Commuter Meal Plan \$40 | Ľ |
| ıly 26-28 Resident \$200 | Ľ |
| ıly 26-28 Commuter \$135 | Ľ |
| ıly 26-28 Commuter Meal Plan \$40 | |
| »One coach per team is included in the team camp f | ees |
| »Additional coaches are \$30 per camp day | |
| Morning Individual Skill Clinic | |

| a m to 11·30 a m | |
|------------------|--|

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nics are from 9:30 a inic does not include T-shirt