



**ENROLLMENT
FORM
VOLLEYBALL CAMP**

Applicant's Last Name

Applicant's First Name

Grade (2017-18) _____ Shirt Size (adult): S M L XL

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____

Name/ Relationship: _____

Night Phone: _____

Name/ Relationship: _____

E-mail: _____

Name Of Insured: _____

Insurance Company/ Policy #: _____

Insurance Address: _____

Family Physician Name/ Phone Number: _____

Allergies: _____

Special Instructions: _____

Position S Middle Outside Right Side Defense

Enclosed is: \$135 \$75

Teammate / Roommate Name

Personal checks only. Please send

separate application for each child. Space is limited.

Make checks payable to Franklin College Volleyball

Mail to:

Franklin College Women's Volleyball

Spurlock Center 101 Branigin Blvd. Franklin IN, 46131

Please include stamped, self addressed envelope for your receipt and letter of confirmation securing your place in camp.

Explanations of what to bring and check-in/check-out times

Unique Features:

- Instruction in air conditioned facility
- A Certified Athletic Trainer will be on staff to attend to any injuries or special medical needs.
- Special arrangements to be made for early drop off or late pick up from camp
- Your daughter will have the opportunity to tour Franklin's Campus and learn from the members of the Franklin College Women's Volleyball Program and coaching staff.
- The opportunity to learn basic skills and progress into game like situations
- A Franklin College Women's Volleyball Camp T-shirt
- Tournament play and awards ceremony on the closing afternoon of camp. Parents and friends are welcome— bring your camera!

Before everything else,

getting ready is the

secret to **SUCCESS.**

—Henry Ford

Franklin College

Volleyball

2017 High School

Team

Camp



www.franklingrizzlies.com

Franklin College Volleyball High School Team Camp July 20-21 2017

ATHLETIC DEPARTMENT

Franklin College has a proud tradition of success within the Heartland Collegiate Athletic Conference and the NCAA Division III, including several HCAC all-sports championships in both men's and women's sports. However, our most impressive "trophies" are the generations of Grizzlies who have graduated and are enjoying adult lives of excellence, leadership and service throughout the world. The Women's Volleyball Program looks to continue in this tradition of success with their 2017-18 campaign. It is an exciting time to visit campus and become a supporter of the Grizzlies!



Camp Information:

July 20-21 2017

This camp is designed for girls in grades 9-12. The focus will be to improve basic skills and incorporate skills into team play.

Example Daily Schedule:

9:00 am Warm-up/Stretching

9:30 am All Camp Individual Skills

10:30 am Incorporate Individual Skills into

Team Play

12pm Lunch

1 pm Warm-up/Stretching

1:30 pm Scrimmage Play

Camp Director: Mary Johnston comes to Franklin after a successful career as the assistant coach at Stevens Institute of Technology. In her sevens seasons as the Head Coach at Franklin, she has improved the team's on court record and overall team GPA.

Staff for this camp will include the Franklin College Women's Volleyball Team.

General Camp Information: (317) 738-8121

Specific Information: (716) 725-5124

Cost:

\$135 per player (Overnight Camper)

\$75 per player (Commuter Camper)

I/We grant permission for my/our child, _____, age _____ to participate in the Franklin Volleyball Camp. I/We further certify that he/she is in good physical health for such participation as verified by a physician's examination administered during the past twelve months.

I/We agree to indemnify, save, and hold harmless the Franklin Volleyball Camp, its director, employees, and/or agents, and Franklin College of Indiana, its Board of Trustees, officers, employees, and agents against any and all property losses and/or judgments rendered against the event.

I/We also agree to release, waive and discharge the Franklin Volleyball Camp, its director, employees, and/or agents, and Franklin College of Indiana, its Board of Trustees, officers, employees, and agents from any and all liability to the undersigned, his/her, or their personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore, on account of injury to the person or property of, or resulting in the death of, the undersigned's child or ward arising out of or related in any way to the undersigned's child's or ward's participation in or presence at the Franklin Volleyball Camp.

I/We further grant permission for my/our daughter to be treated by a local physician or hospital emergency room personnel if necessary. Note: If this form is not notarized, verbal permission will be required before your daughter can be treated by a local physician or ER personnel.

Parent/Guardian Signature:

Notary Public: _____

County: _____

Date: _____

Commission Expires _____

(Affix Notary Seal)
