

**Florida State Volleyball
Chris Poole Volleyball Camps
** 2010 MAY mini-clinics ****

Tully Gymnasium at Florida State University
(139 Chieftan Way)

Who: Any and All 4th – 12th Grade Girls

When: May 4 (6-7:30pm), May 6 (6-7:30pm), May 11 (6-7:30pm), May 13 (6-7:30pm),
May 18 (5:30-6:45pm), May 20 (5:30-6:45pm), May 25 (5:30-6:45pm), May 27 (5:30-6:45pm)

Cost: \$20.00 per session (or price break of only \$140.00, if attending all 8 sessions)

Learn from the Florida State Volleyball Staff/Players:

2009 NCAA Tournament Elite Eight

2009 ACC Champions (19-1 record)

2009 Overall Record: 31-3

2009 East Region # 1 Ranking

Questions? Contact the Volleyball Staff by email at: ath-volleyball@fsu.edu

Registration Form

Mail to: Chris Poole Volleyball Camps, 1632 Copperfield Circle, Tallahassee, FL 32312

Or Email the information to: ath-volleyball@fsu.edu

Make checks payable to Chris Poole Volleyball Camps

Name: _____ **Grade:** _____ **Age:** _____

Email: _____ **Phone:** _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

School/ Club: _____

Release Form: parent/guardian must sign if under 18

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.

X _____ **Date:** _____
Signature (if under 18 legal guardian)

Insurance Company: _____

Policy #: _____