

2008 SMASH Volleyball and Newton Parks and Recreation Dept. present SUMMER CLINICS for Boy and Girl Athletes

check box(es): **Setter Camp:** July 28 - Aug 1

Attacker Camp: Aug 4 - Aug 8

Defense Camp: Aug 11 - Aug 15

Name: _____

Address: _____
Street Town Zip

Phone #: () - Cell Phone: () -

email address: _____ @ _____
written SO clearly written SO clearly

[not today's date!]

Birthdate: ____/____/19____ (mon/day/yr)

Grade Entering: 8 - 9 - 10 - 11 - 12

School: _____

Shirt Size: S M L XL

Emergency Contact: _____

Phone #: () - _____

Health Insurance:

Company: _____

Policy #: _____

Phone #: () - _____

Payment: Make check payable to: "**Newton Jrs. Volleyball**"

Cost @ \$480/week: _____ circle # of weeks: 1 2 3

(optional) Top-level Volleyball @ \$40?: _____ (Players must bring own volleyball to camp)

Total: _____

Fill out, and mail entire application, with payment, to:

Judith Slamin, 35 Washburn Street, Newton, MA 02458-1303

Financial Policy

- 1) Please Pay all fees in full at time of application; \$50 Application Fee is required with application
- 2) The Application Fee is non-refundable
- 3) Balance must be paid, in full, by Saturday, June 7, 2008
If Balance Due NOT paid by 6/7, Application Fee is forfeited, and player's slot will be given to next player on waiting list.
- 4) If withdraw on or BEFORE JUNE 27, balance (less the \$50 Application Fee) will be remitted
- 5) If withdraw AFTER June 27, fee is NOT REFUNDABLE (unless doctor's letter is presented)

I agree to adhere to this policy: _____ / ____/2008
(signature of parent/guardian) (print name) (date)

Players attending the sessions will receive an information packet in late June with more details, also available then at www.smashvolleyball.com