

Dear Volleyball Select Camp Applicant:

The World Volleyball Training Center has grown significantly over the past thirty-seven years. We believe we have the best training facility and teaching and coaching staff in the world. All our head coaches are FIVB certified National Team coaches. All are either current or former national and professional players. All will be available to train the high potential volleyball players in our world select program. We are looking for young women in excellent physical and mental condition to train with a select group of athletes. The training is demanding and the rewards great. If selected, you will be a member of one of the finest volleyball groups assembled.

The qualifications for the WORLD SELECT VOLLEYBALL CAMP program are:

- You must have written recommendations from three or more of your club coaches, or other adults that know your character and work ethic.
- You must be physically and mentally ready to train for the duration.
- You must commit to at least three weeks of the camp. If classes or your season starting dates interferes with your commitment, please let me know. We understand that some states have earlier starting dates.

The cost of the WORLD SELECT VOLLEYBALL CAMP program is \$1,598 for three weeks, and \$1,998 for four weeks. Anyone leaving before the end of the training sessions will be billed the full tuition, or \$718 per session, for the number of sessions attended. In addition, if you are not currently a member of a YMCA, there is an additional \$20 fee for YMCA membership. Scholarships are also available.

Camp starts on Sunday, July 19, and ends on Friday, August 14. Selected candidates must report to camp the day before camp starts on Saturday, July 18, between 3:00PM and 6:00PM. Dinner will be served that evening to all select campers.

Please include:

- WORLD SELECT VOLLEYBALL CAMP Application
- World Volleyball Training Center Camper Registration with 50% deposit
- Application Letter - letter stating why you wish to join this group, and your volleyball expectations
- Written Recommendations
- Tournament schedule or club website

Please submit your application early, the number of accepted candidates is limited. We will notify applicants by phone if you are accepted or not. Please submit your application by mail to World Select Volleyball Camp, P.O. Box 622, Huguenot, NY 12746; by email: camps@ymcanyc.org; or fax (845) 858-7823.

Should you need more information, please do not hesitate to contact the New York YMCA Camp at (845) 858-2200 or Steve Henry, Director World Volleyball Training Camp at shenry@ymcanyc.org.

Sincerely,

Chris Scheuer
Associate Executive Director
www.ymcanyc.org/vball

CAMPER INFORMATION

					/ /	Female
Last Name	First Name	MI	Birth date	Age	Sex	
		<input type="checkbox"/> Left <input type="checkbox"/> Right				
Parents / Guardian & Relationship		Hand	Height	Weight	Position	
PO Box #	Street Address	City		State	ZIP Code	
()	()					
Home Phone	Cell	Email				

VOLLEYBALL EXPERIENCE

List most recent first

Position	School / Club	Start / End Date
Position	School / Club	Start / End Date
Position	School / Club	Start / End Date

VOLLEYBALL ACHIEVEMENTS

Include honors, accomplishments, etc. Please attach any additional information to application.

REFERENCES

At least three references, including coaches, teachers, or other persons aware of your character and work ethics.

						()
Name	Title			Phone		
Address	City	State	Zip	Country	Email	
						()
Name	Title			Phone		
Address	City	State	Zip	Country	Email	
						()
Name	Title			Phone		
Address	City	State	Zip	Country	Email	

I understand that if accepted, I am expected to be in camp the evening prior to opening day of the first session, between 3:00PM and 5:00PM.

Parent / Guardian Signature	Date
Applicant Signature	Date

CAMPER INFORMATION

					/ /	Female
Last Name	First Name	MI	Birth date	Age	Sex	
PO Box #	Street Address	City	State	ZIP Code		
()						
Home Phone	Volleyball Club / School Name			Camper Email (optional)		
Free T-Shirt if registered by May 1, 2009 : <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL						

FAMILY INFORMATION

Camper lives with: Both Parents Mother Father Other (specify):

YMCA Member #	Local YMCA Branch Name	Roommate Request: (One request per camper. Each camper must list the other)			
		()	()		
1st Parent / Guardian & Relationship	Work Phone	Cell	Email		
Occupation	Business Name & Address		Work Email		
	()	()			
2nd Parent / Guardian & Relationship	Work Phone	Cell	Email		
Occupation	Business Name & Address		Work Email		
			()	()	
Other Emergency Contact Name & Relationship	Phone	Cell			

The information below is optional and used only for statistical purposes. Please check appropriate information. Thank you.

Racial/Ethnic Category: American Indian or Alaskan Asian or Pacific Islander Black Hispanic White Other _____

Household Income: Below \$13,999 \$14,000-24,999 \$25,000-39,999 \$40,000-54,999 \$55,000-74,999 \$74,999 and over

PARTICIPANT AGREEMENT & REFUND POLICY
Please READ & SIGN this statement.

I give permission for my child to attend camp. I agree to pay the balance of camp fees on or before May 1, 2009. I understand I will receive a full refund minus the 50% deposit & \$20 YMCA Membership Fee if cancelled by June 1, 2009. No refunds after June 1st. I understand I will receive no refund if my child is sent home for any reason. I grant camp permission to take and publish photographs, videotapes, and recordings of the camper registered above. I acknowledge that you will be the sole owner of all rights arising out of their use for all purposes and that I shall receive no compensation for their use.

Please send a 50% deposit per session, plus a \$20 YMCA membership fee for non-members with your application.

Parent / Guardian Signature	Date
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Camper's Last Name

Camper's First Name

SESSION INFORMATION - Check Sessions Attending			
Session 1: July 19 – 24	Session 2: July 26 – 31	Session 3: August 2 – 7	Session 4: August 9 – 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend Skills Camp: July 24 – 26		Weekend Skills Camp: August 7 – 9	
<input type="checkbox"/>		<input type="checkbox"/>	
PAYMENT INFORMATION - Check Appropriate Tier			

4 Week Camp Fee \$1,998 = _____

OR

3 Week Camp Fee \$1,598 = _____

Weekend Skills Camp - Provides expert instruction on all areas of the game. All meals and supervision are provided. Weekend Skills Camp is a standalone program. \$168 = _____

Voluntary Contribution - I want to help a deserving child attend camp; please accept my Strong Kids Campaign Donation: \$35 \$55 \$100 \$200 \$ _____ = _____

Total \$ _____

(See requirement below) **Enclosed Deposit** - _____

Total Amount Due May 1, 2009 \$ _____

Minimum Deposit Required	\$20 (YMCA Membership Fee for non-members) + 50% Deposit _____ = \$ _____
Type of Payment	<input type="checkbox"/> Check/ Money Order (made payable to New York YMCA Camp) Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express

Charges will not be applied until your camper has been accepted into the program.

Card Number	Verification Code (3 digits MC/V, 4 digits AmEx)	Expiration Date
		()
Name on Credit Card	Signature	Daytime Phone #

Mail completed form to:

Camp Registrar
 New York YMCA Camp
 PO Box 622
 300 Big Pond Road
 Huguenot, NY 12746-0622

Questions? Call our Camp Registrar:

Phone: 845-858-2200
 Fax: 845-858-7823
 E-Mail: camps@ymcany.org

CANCELLATION POLICY

Full refund minus 50% deposit & \$20 YMCA Membership Fee if cancelled by June 1, 2009.

No refunds after June 1st.