



## Summer 2024 Volleyball Sports Camp

### Application

#### Parent's Information

#### Student's Information

Parent's First Name:	First Name:
Parent's Last Name:	Last Name:
Pick up Name:	Date of Birth: / / Age:
Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Grade:
Town:	Medical Condition: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please fill out
Zip:	Emergency Contact:
Email:	Emergency Phone:
Home Phone:	Work: Cell:

Sessions	1	2										
Weeks Available	7/15 <input type="checkbox"/>	8/5 <input type="checkbox"/>										
<b>Typical Daily Schedule</b>	<b>Ages 6-14</b>						<b>Price</b>		<b>Additional Information</b>			
8:00-9:00 AM	Early Drop Off (Games)						Included		Please fill out all of the mandatory State forms. A deposit of 25% of the program fee is required to register and hold a place in each session. Full amount of the weekly program fee is due 2 weeks prior to the start of each weekly session. Payments are refundable minus a cancellation fee of 10% of the cost of the program for cancellations 2 weeks prior to the session start date. If you checked the box Medical Condition, please fill out the medical form. please check the weeks you would like to sign up for. Please call Dallas if you have any questions so we can assist you.  <b>(203) 245-9444</b> <b>Info@tcsscamp.com</b>			
9:00-9:30 AM	Dynamic Warm-Up											
9:30-9:45 AM	Water/Bathroom Break											
9:45-10:15 AM	Topic of the Day Demonstration											
10:15-10:45 AM	Drills & Technique Work											
10:45-11:00 AM	Water/Bathroom Break											
11:00-11:15 AM	Review and Adjustments of Drills											
11:15-12:00 PM	Game Time											
12:00 - 2:00 PM	Swimming (optional)						\$96.00	<input type="checkbox"/>				
	<b>Weekly 1/2 Day 9 - 12 PM</b>						\$299.00	<input type="checkbox"/>				
<b>Fees</b>	<b>Total for the Week</b>											
<b>Make Checks Payable to:</b> Madison Racquet & Swim Club P.O. Box 508 Madison CT 06443							<b>Payment Information</b> Check: <input type="checkbox"/> Check #					
							Credit Card Type <input type="checkbox"/> MC <input type="checkbox"/> Visa Exp. Date / /					
<b>Notes:</b>							Credit Card Number: CVV#					
							Amount paid: (25% Deposit Due)					