

## Tom Houser STAR Camps present: **ROOKIE Skills Camp 2016**

**What is a ROOKIE Skills Camp?** We will teach all the fundamentals of play and discuss form.

**How Many Campers Will Be Accepted?** The camp will be filled on a **first-come, first-serve** basis.

**Registration Is Not Considered Complete** until Aviators have received all of the necessary forms. A confirmation email will be sent when we receive the registration form and an email will be sent for acceptance/denial.

**Cost?** \$275, will include a nonrefundable deposit will hold your spot.

\* Please put your daughter's name on the check!

\* The balance will be due by May 15, 2016. Please make all checks payable to **Arundel Aviators**.

\* Please include the following information on the check: driver's license number and home phone number.

**Who Can Register?** Accepting players from 8 to 12 years old.

**Camp Director: Tom Houser.** He directs camps for hundreds of girls each summer throughout the east coast. To see more about Coach Houser, please visit [www.coachhouser.com](http://www.coachhouser.com), and touch the link at the top right.

**Who Are The Coaches Who Will Assist?** Please check the camp website at [www.coachhouser.com](http://www.coachhouser.com) as the assistants will be posted as they are chosen.

**How Can You Get More Info? Get Questions Answered?** Contact Amber at [Arundel.aviators.vball.program@gmail.com](mailto:Arundel.aviators.vball.program@gmail.com) You may also contact Coach Houser at [coachhouser@yahoo.com](mailto:coachhouser@yahoo.com) or visit [www.coachhouser.com](http://www.coachhouser.com)



# ROOKIE Skills Camp Registration Form 2016



Applicant's Name \_\_\_\_\_ Youth T-shirt size: S M L XL

Applicant's Numbers (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Parent's Numbers (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Parent's Email(s) \_\_\_\_\_

Grade for current school year \_\_\_\_\_ Seasons of Experience \_\_\_\_\_

**Medical Authorization:** If during the course of my daughter's activities in this volleyball camp she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical care. I agree not to hold Sweet Briar College, any individual from the school or the camp staff liable for any injury she may sustain while she is participating in camp activities. I authorize emergency medical treatment for my child in the event she needs such treatment and I am unavailable to give consent.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Mail deposit and registration to: Checks payable to Arundel Aviators, 1006 Railbed Dr., Odenton, MD 21113

\*to register online you need to first create an account on our club page, then you will be able to select the appropriate camp, answer questions, and pay online.

(For camp use only)		
<b>TOTAL</b> Camp Fee:	\$275.00	
Deposit Required:	\$135.00	(Please put your daughter's name
Balance due by 5/15/16:	\$140.00	and your driver's license # on check)
Deposit Paid: \$ _____	Check # _____	Date: _____
Balance Due: \$ _____	Check # _____	Date: _____