

Sandi Kelley presents



2009 Youth Volleyball Camp



in conjunction with the
Eureka College Volleyball Team



Summer Youth Camp



Monday, July 20th thru Wednesday, July 22nd
8:30am-4:30pm each day (Gym supervised starting at 8:00am – 5:00pm)

Girls entering grades 5-9

3-day Camp: \$120 per camper

WHAT CAMPERS SHOULD BRING---

Change of shoes (volleyball shoes for the gym), knee pads, water bottles, spandex are optional

Camp will include:

- Detailed instruction on all basic volleyball skills (passing, serving, setting, hitting and blocking)
- Rules
- Game philosophies
- Meaning/Importance of Team Work and being a GOOD TEAM MATE
- Team building games
- Scrimmaging
- Instruction from the Eureka College Red Devil Volleyball Team

****All campers will receive a Camp T-Shirt and Water Bottle.**

**Drop off can begin at 8:00am and pick-up until 5:00pm

**Sack lunches are available for \$5 each day consisting of a gondola sandwich, chips, snack, cookie and drink. Girls are allowed to bring water, Gatorade, Propel or snacks if necessary.

****Register Early, spots are limited!!** Payment should be mailed with completed form or pre-arrangements can be made to bring on day of camp. (Emails are accepted to reserve campers spot)

For More Information
eMail Coach Kelley:
skelley@eureka.edu

Checks Payable to: SANDI KELLEY
Mail to: **Sandi Kelley, Athletics- VB, Eureka College**
300 East College Ave., Eureka, IL 61530

2009 Youth Volleyball Camp

Campers Name: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Grade (Fall '09): _____ Age: _____ Height: _____ Position (circle): Setter / Front Row / Back Row

Skill Level (circle): Beginner / Intermediate (play at school) / Advanced (play club)

Parents/Guardians Names: _____

Parents Cell or Day Contact Phone: _____

Shirt Size: Youth L ADULT - S M L XL XXL

_____ **Individual 3-day Youth Camp (July 20-22, \$120)**

_____ **Include 3 days lunch \$15 = \$135**

Consent for Medical Treatment and Consent to Participate

I/We understand that I/We will be responsible for any expenses incurred on her behalf in connection with any such treatment due to injury. I/We also authorize the camp appointed athletic trainer to execute on my/our behalf any permission slips and other appropriate documents and act on my/our behalf if I/we are not immediately available to do so. If available please provide:

Name of Insurance Company: _____

Policy Number: _____

Emergency Phone Number(s): _____

NO CAMPER WILL BE ADMITTED TO CAMP WITHOUT INSURANCE COVERAGE. Injuries are sometimes a part of training for a sport. It is very important to be in good shape and healthy when you report to camp. That being said, accidents do happen. If you receive a major injury, you will be returned home. There are no refunds given due to injury or illness, unless at the discretion of the camp director.

AS A CONDITION OF ENROLLMENT, THE FOLLOWING DISCLAIMER OF LIABILITY MUST BE SIGNED AND DATED BY THE CAMPER'S PARENT/LEGAL GUARDIAN: The camper in attending Volleyball Camp and in using any camp facility, does so at her own risk. Sandi Kelley, Eureka College, its Athletic Department and its staff shall not be liable for any damage arising from personal injury sustained by the camper during the camp or at its facilities. The camper and her parents/legal guardian assume full responsibility for any damages or injuries which may occur to the camper during the camp session and so hereby fully and forever exonerate and discharge Sandi Kelley, Eureka College, or the Volleyball Camp, its staff, employees and agents, from any and all claims, demands, damages, right of action or causes of action, present and future, whether the same be known, anticipated, or unanticipated., resulting from or arising out of a camper's participation in the camp session and in use of the facilities.

I/We hereby consent to the participation of my daughter in the Youth Volleyball Camp. If she fails to obey the competition and camp rules, the Director has authority to expel her from Camp. I/We the undersigned hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of emergency.

Camper's Signature & Date: _____

Parent/Legal Guardian Signature & Date: _____

Mail This Form and payment To: Sandi Kelley, Athletics -VBALL, Eureka College, 300 East College Ave., Eureka, IL 61530