

VOLLEYBALL SKILLS CAMPS

POSITION SKILLS CAMP / INDIVIDUAL SKILLS CAMP / YOUTH CAMP

DIRECTED BY LIZ UNDERWOOD

LEE-SCOTT ACADEMY AUBURN, ALABAMA

JUNE 22 – 24 VOLLEYBALL YOUTH CAMP	Rising GRADES 4 – 6	9:00 – 12:00
JULY 14 – 16 POSITION CAMP	Rising GRADES 10 – 12	9:00 – 12:00
JULY 14 – 16 INDIVIDUAL SKILLS CAMP	Rising GRADES 7 – 9	1:30 – 4:30

- ❖ The Youth Camp will expose young players to the fundamental skills and movements of the game of volleyball including underhand / overhand passing, serving and hitting.
- ❖ The Position Camp will provide H.S. age players concentrated instruction in the skills and movements specific to the position(s) they play. Positions are: Outside / Right Side Hitter, Middle Blocker, Setter, Defensive specialist / Libero.
- ❖ The Individual Skills Camp for junior high age players will offer technical instruction in each of the primary skills of volleyball including passing, setting, hitting, individual defense and serving.

Camp Cost is \$75 (Non-refundable)

Each camper will receive a mesh backpack, motivational materials and instructional booklet.

Make checks payable to: Liz Underwood Return to: 2179 Wedgewood Ct., Auburn, 36830

For More Information Email: luvbcamps@yahoo.com

2009 VOLLEYBALL CAMP REGISTRATION FORM

NAME: _____ SCHOOL: _____ GRADE IN FALL: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Emergency #: _____

Email: _____ (Address where confirmation and additional camp information can be sent.)

By signing this waiver, I agree to pay all camp fees, that all enclosed information is true & correct, and that the participant is medically approved to participate. It is agreed that all risks attendant to participating in camp activities are assumed by the student and her parents and/or legal guardians and that this assumption is acknowledged, approved and agreed to by said student and parents and/or legal guardians as indicated by their signature below. I also agree that a qualified trainer, physician, or other health care provider may administer health care in case of medical necessity or emergency and that I would be responsible for these costs. I also release the camp coaches/staff from any and all claims resulting from any liability or injury associated with this camp. I have read and fully understand this camp information and registration.

Parent and/or Legal Guardian's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____