

GIRLS VOLLEYBALL CAMPS

SPECIALTY CAMP

The **SPECIALTY CAMP** is for the experienced volleyball athlete who wants to receive specialized training at the setter, hitter or defensive positions. Setters, Hitters, & Defensive Specialists will benefit from this unique blend of individual and team development. Concentrated skill work will be done positionally with the focus on advanced skills that relate to specific positions on the court. Campers will also play volleyball games in a tournament format to improve their overall play. This camp is recommended for those going into grades 10-12. Campers not in grades 10-12 will be admitted upon recommendation of coach. **Register early. Enrollment is limited.**

- June 28 to July 1 • Girls grades 10 to 12
- \$225 for resident campers (includes room and board)
- \$175 for commuters (includes lunch and dinner)
- \$125 (no meals) • \$50 deposit required

INDIVIDUAL INSTRUCTION CAMP

The philosophy of the **INDIVIDUAL INSTRUCTION CAMP** is fundamentals build a strong foundation. The camp is designed to introduce beginning and intermediate players to the sport of power volleyball. Each athlete will receive great teaching on individual skills, specialty positions, and game concepts. This camp has a low player/coach ratio for more individualized instruction. **Register early. Enrollment is limited.**

- June 21 to June 24 • Girls grades 7 to 10
- \$225 for resident campers (includes room and board)
- \$175 for commuters (includes lunch and dinner)
- \$125 (no meals) • \$50 deposit required

TEAM CAMP

The **TEAM CAMP** is designed for you and your team. It is an unique combination of team instruction and competition in a camp setting. Teams will be trained together by a coach provided by UWRF. Concepts implemented will include serve reception, transition, and free ball plays, hitter coverage, and rotational defense. Camp will be limited to 14 teams. Each team must have a minimum of 6 players and a maximum of 8 players. All team camp registrations must be sent together in a single envelope as a team.

- July 19 to July 21 • Grades 9 to 12, JV-Varsity divisions
- \$150 for resident campers • \$75 for commuters (no meals)

CAMP DIRECTOR

Patti Ford Camp Director, three time Wisconsin Intercollegiate Athletic Conference Coach of the Year, brings a wealth of knowledge and expertise to the camp scene. Her approach to volleyball appeals to the athlete's senses, blending the physical skills with the mental aspects of the game. Each camp provides great teaching, exposure to competition, and skill enhancement. All beginning, intermediate, and advanced players will benefit from this array of camps.

- Quality Staff - UW-RF Assistant Coach, Janet Cobbs-Mulholland, 1992 USA National Team member and Bronze Medalist. In addition, past and current UW-RF players.
- Low Coach/Player Ratio • Quality/Individualized Instruction
- Grouped by Age and Ability • Position Specific Training
- Team Concepts/Tournament Play
- Complimentary tickets to a Falcon volleyball game in 2004 - 05

For more information: Patti Ford • 715-425-3244 • e-mail - patricia.kay.ford@uwrf.edu

CAMPER APPLICATION

Name _____

Address _____

City _____

State _____ Zip _____

Home phone _____

Grade (Sept. 2004) _____

Position _____

Roommate preference: _____

T Shirt Size **S M L XL**

Please send me _____ extra brochures.

Boys Basketball Camps

Skill Development Day Camp (June 15th - 18th)	___ \$150
Youth Day Camp (June 15th - 18th)	___ \$70

Girls Basketball Camps

Hoops Challenge Camp (July 11th - 14th)	___ \$225
Commuters	___ \$175
Skills & Drills Camp (June 14th - 17th)	___ \$65
___ 9:00 a.m. - Noon	

Girls Volleyball Camps

Specialty Camp (June 28th - July 1st)	___ \$225
Commuters	___ \$175
Commuters (no meals)	___ \$125
Individual Instruction Camp (June 21st - June 24th)	___ \$225
Commuters	___ \$175
Commuters (no meals)	___ \$125
Team Camp (July 19th - July 21st)	___ \$150
Commuters	___ \$75

Cost

Method of Payment:

MC Visa Exp Date: _____

Card # _____

Name of Card Holder: _____

Check payable and mailed to:

• **UW-River Falls Boys Basketball Camp** *or*

• **UW-River Falls Girls Basketball Camp** *or*

• **UW-River Falls Girls Volleyball Camp**

Karges Center
410 S. Third Street
River Falls, WI 54022-5001

Total Fee \$ _____

Deposit Enclosed \$ _____ (*required*)

Balance Due \$ _____

CAMP AGREEMENT HOLD HARMLESS / NOTICE OF INSURANCE: I hereby apply for a reservation at the UW-River Falls summer camp. You will find enclosed, the required deposit of \$50.00. I understand the camp procedures for applications, deposits, and refunds. I understand that UW-River Falls summer camps are not recreational camps, and I understand that they stress repetitious training in specific sports skills. I understand that any camper who does not abide by camp rules may be dismissed from camp with no refund. **PHOTO CLAUSE:** I understand that the University may take photographs of camp participants and activities. I agree that UW-River Falls shall be the owner of and may use such photographs relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs. **INSURANCE INFO:** All UW-River Falls camp participants are required to be covered by personal medical insurance. The UW System insurance provides primary insurance coverage with limited accident coverage of \$1,000 only. **HOLD HARMLESS:** If your son, daughter or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment. In case of illness or injury, permission is granted to treat the participant at an appropriate medical facility. By signing below, you are giving your consent in advance for medical treatment. Furthermore, as a participant in the camp, I hereby state that I am aware of and accept the risk inherent in the program activity. The undersigned does hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and UW-River Falls, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of camp.

Participant Name _____ Parent/Gaurdian _____ *signature (required)*

Insured By _____ Policy Number _____