

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 repetitive 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/Guardian _____ signature (required)
Insured By _____
Policy Number _____

CAMPER INFORMATION

CONFIRMATION

Upon receipt of camper's application and deposit, a confirmation packet will be mailed which will provide complete information regarding all details of your camp selection.

ARRIVAL/DEPARTURE TIMES FOR ALL CAMPS

Upon arrival, all campers will report to Karges Center located on the UW-River Falls campus. Check in time 11:00 a.m. - 12:00 p.m. Check out time will be 3:30 p.m. on the last day of camp for Specialty and Individual Development, 12:00 p.m. for Team camp.

ITEMS TO BRING

Plenty of T-shirts, shorts, and socks. A good pair of court shoes and knee pads. Items for the dorm should include towels, blanket, toiletry articles and alarm clock. You may wish to include fan, radio, and money for camp store.

DEPOSIT/REFUND

A \$50 non-refundable deposit is required with each camp application. Balance will be due on the day of registration. Refunds prior to June 1, 2008 will be given, minus a \$15 processing fee. Emergencies and injuries will be handled on an individual basis. **No deposits refunded after June 1, 2008.**

ENROLLMENT

Enrollment will be limited. To reserve a place in any of the camps, **send your registration and deposit by June 1, 2008.**

SUPERVISION

Camper supervision is a responsibility we take seriously. Adult counselors will reside on each floor of the residence hall. At no time will any group be allowed to participate in any activity that is not properly supervised, or be allowed to leave campus.

TENTATIVE SCHEDULE FOR ALL CAMPS

Day 1	Session 1	1:00 - 4:00 (All camps)
	Session 2	6:00 - 9:00 (All camps)
Day 2	Session 1	8:30 - 11:30 (All camps)
	Session 2	1:30 - 4:30 (All camps)
	Session 3	6:30 - 9:00 (All camps)
Day 3	Session 1	8:30 - 11:30 (All camps)
	Session 2	1:00 - 3:30 (Specialty and Individual camps)

Falcon Volleyball Camps

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

Non Profit Organization
U.S. Postage
PAID
River Falls, WI
Permit No. 32



UNIVERSITY OF WISCONSIN-RIVER FALLS

2008 VOLLEYBALL CAMP

WIAC CHAMPS 1996, 1999, 2002, 2003!

2008 UNIVERSITY OF WISCONSIN-RIVER FALLS VOLLEYBALL CAMPS

FEATURING COACH PATTI FORD



Coach Patti Ford

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.

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

CAMP HIGHLIGHTS

- Quality Staff
- Low Coach/Player Ratio
- Quality/Individualized Instruction
- Grouped by Age and Ability
- Position Specific Training
- Team Concepts/Tournament Play
- Camp Fee includes all Instruction, T-Shirt, Prizes, Awards and Complimentary Tickets to a Falcon Volleyball Game in 2008!

SPECIALTY CAMP (Setter/Hitter)

Dates: June 23-25, 2008
Grades: 10-12 (Fall '08)

The SPECIALTY CAMP is for the experienced volleyball athlete who wants to receive specialized training at their positions. Players 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.

- June 23 to 25
- 3 days. Check in 11:00 a.m., June 23. Check out 3:30 p.m., June 25.
- \$195 for resident campers (includes room and board)
- \$125 for commuters (no meals)
- \$50 deposit required

Register early. Enrollment is limited to 80 campers. No deposits refunded after June 1, 2008.

YOUTH INDIVIDUAL INSTRUCTION CAMP

Dates: June 30-July 2, 2008
Grades: 5-9 (Fall '08)

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. Campers will be grouped according to age and abilities. This camp has a low player/coach ratio for more individualized instruction.

- June 30-July 2
- 3 days. Check in 11:00 a.m., June 30. Check out 3:30 p.m., July 2.
- \$195 for resident campers (includes room and board)
- \$125 for commuters (no meals)
- \$50 deposit required

Register early. Enrollment is limited to 100 campers. No deposits refunded after June 1, 2008.

JV-VARSITY TEAM CAMP

Dates: July 13-15, 2008
Grades: 9-12 (Fall '08)

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. **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 13-15
- 3 days. Check in 11:00 a.m., July 13. Check out 12:00 p.m., July 15.
- Grades 9 to 12, JV-Varsity divisions
- \$150 for resident campers
- \$75 for commuters (no meals)
- \$50 deposit required

Register early. Enrollment is limited to 14 teams. No deposits refunded after June 1, 2008.

2008 VOLLEYBALL CAMP APPLICATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL ADDRESS _____

PHONE (_____) _____

GRADE FALL 2008 _____

PARENT/GUARDIAN _____

T-SHIRT SIZE: S M L XL XXL

POSITION _____

ROOMMATE PREFERENCE _____

CHECK CAMP CHOICE

SPECIALTY CAMP (June 23-25)

Overnight _____ \$195

Commuters (no meals) _____ \$125

YOUTH INDIVIDUAL INSTRUCTION CAMP (June 30-July 2)

Overnight _____ \$195

Commuters (no meals) _____ \$125

TEAM CAMP (July 13-15)

Overnight _____ \$150

Commuters (no meals) _____ \$75

METHOD OF PAYMENT

\$50.00 DEPOSIT REQUIRED FOR PRE-REGISTRATION

BALANCE DUE ON REGISTRATION DAY.

_____ CHECK PAYABLE TO UWRF VOLLEYBALL CAMP

_____ MC/VISA

NAME OF CARD HOLDER: _____

CARD # _____

EXPIRATION DATE: _____ 3 DIGIT SEC.: _____

MAIL APPLICATION AND CHECK TO:



UW-RF VOLLEYBALL CAMP
c/o PATTI FORD
410 SOUTH 3RD STREET
RIVER FALLS, WI 54022
(715) 425-3244

email: patricia.kay.ford@uwrf.edu

_____ TOTAL FEE

_____ — DEPOSIT ENCLOSED (\$50.00 Minimum)

_____ BALANCE DUE