



# NW-SCC

## VOLLEYBALL CAMP

### JULY 9-10 2008

#### Individual Skills Camp \$80.00

This camp is designed to develop or enhance the all-around game of each individual. These camp sessions will offer instruction on the fundamental skills of volleyball: serving, passing, setting, attacking, blocking, and individual defense as well as “position specific” skills, strategies and team concepts. Campers will have the opportunity to learn these skills in an individual and game-like situation. The campers will be divided up by skill level, age, and position to ensure the proper learning environment.

#### Wednesday, July 9, 2008

9:00 am - Introduction & Session 1  
11:00 am - Break  
12:30pm - Warm-up & Session 2  
2:30pm - Break  
4:00pm - Warm-Up & Session 3  
6:00pm - Cool Down & Break

#### Thursday, July 10, 2008

9:00 am - Warm-up & Session 4  
12:00 pm - Break  
1:30 pm – Warm-Up & Session 5  
4:00 pm – Cool Down & Break

2008 Volleyball Camp -- Registration Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Parent Contact Number: \_\_\_\_\_  
Parent Signature \_\_\_\_\_  
T-Shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

#### MEDICAL RELEASE

It is the responsibility of the campers' legal guardians to ensure that the camper is healthy and has no physical problems which would prevent the campers' participation in camp activities. Responsibility for primary medical insurance coverage rests with the camper. I further authorize any trainer or coaches to secure any and all medical treatment in the event that I can't be contacted. I further authorize any attending physician to administer appropriate medical attention, which he/she deems necessary, in the event of any accident, illness, or injury. I will be responsible for any and all cost of medical coverage and treatment provided not covered by insurance. I release, waive, discharge NW-SCC, its employees, officers, and coaching staff from any and all liability resulting from loss, injuries, illness and other damage including death which may be sustained by my child during the duration of camp. To the best of my knowledge my child is in good physical condition and I am not aware of any physical infirmity, which would place my child at risk while participating. I also understand that the camper is responsible for all personal belongings and equipment. NW-SCC will not replace or reimburse lost or stolen items.

Send All Payments To: NW-SCC Volleyball  
800 George Wallace Blvd. Muscle Shoals, AL  
35661 Attn: Coach Angie Byrd

**Deadline: June 23, 2008**