

MARIETTA COLLEGE VOLLEYBALL

BEGINNER TO INTERMEDIATE CAMP



July 16-18, 2018 Grades 5-10

Marietta College Head Women's Volleyball Coach Kristy Newman is excited to host her first skills camp for players who are just learning the sport and players who want to improve their skills. The camp will feature instruction for all positions and focus on individual aspects of the game. Coach Newman will be accompanied by her assistant coach and some of her college players for individual instruction.

Lunch will be provided each day at our campus cafeteria. We recommend bringing a water bottle to fill up at the water fountains.

Equipment needed: tennis shoes, kneepads, and water bottle.

Campers are encouraged to complete and return the application form to enroll in the Marietta College Volleyball Camp. After receiving your application and deposit, a confirmation email will be sent to you with additional camp information.

An athletic trainer will be on staff. Participants will not be covered with medical or dental insurance during the camp. (Marietta Volleyball camps or Marietta College is not responsible for any injuries sustained by a participant or a camp employee).

Cancellation policy: If cancellation of your registration is necessary, you will receive 100% of the cost of registration if we are notified two weeks before the start date of camp. If cancellation occurs with less than two weeks notification, you will receive a 50% refund for the cost of registration.



Cost is \$140 for three days of instruction and meals. Please detach and return

Name _____ Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____
School _____ Grade _____ Position _____

RELEASE WAIVER / INSURANCE I hereby and herein authorize the directors of Marietta College Volleyball, or any agents working on their behalf, to act in my stead for the purpose of acquiring medical attention for my son or ward. I impose upon the assumptors of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the camp in the event same is performed pursuant to such standard. By my signature hereunder, I warrant that my son or ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in the lacrosse camp. I also represent that my son or ward has received a physical within the last year and is medically competent to participate in the activities at camp.

Signature of Parent/Guardian _____ Date _____ Emergency Phone _____

Mail to: Kristy Newman, Women's Volleyball, Marietta College, 215 Fifth Street, Marietta, OH 45750

Any questions: Phone (740) 376-4902 or email: kn003@marietta.edu

Make checks payable Marietta College Volleyball