

WHO: Beginner to Intermediate Players

July 7th-9th WHEN:

WHERE Registration and camp sessions will be held in the Dyson Baudo Recreation Center.

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. Registration will begin at 9:00 am at the Dyson Baudo Recreation Center and instruction will start at 9:30 am on the first day. Camp schedule for the remaining days will be 9:00 am - 12:00 pm, lunch 12:00 pm - 1:00 pm, and afternoon session 1:00 pm - 3:00 pm. 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. Mail to: Kristy Newman, Women's Volleyball, Marietta College, 215 Fifth Street, Marietta, OH 45750. Make checks payable to: Marietta College Volleyball LLC.

| Name | Address | |
|---|---|--|
| City | State | Zip Code |
| Phone | Email | |
| School | Grade | Position |
| RELEASE WAIVER / INSURANCE I hereby and herein authorize the director the purpose of acquiring medical attention for my son or ward. I impose up release and waive all liability for any injuries and illness incurred while at the I warrant that my daughter is in good physical condition, has no undisclose volleyball camp. I also represent that my daughter has received a physical | oon the assumptors of this du e camp in the event same is ed medical problems, illnesse | uty the responsibility to act with reasonable care and caution and sperformed pursuant to such standard. By my signature hereunder es or disabilities, and is capable of full and active participation in th |
| Signature of Parent/Guardian | Date_ | Emergency Phone |
| Any questions: Phone (740) 376-4902 or email: kn003@ma | arietta.edu | |