ROYALS VOLLEYBALL – SUMMER CAMP 2017

VERNON CHRISTIAN SCHOOL – MONDAY, JULY 17 TO FRIDAY, JULY 21

FUNDAMENTALS CAMP	FUNDAMENTALS INSTRUCTION
Boys and Girls entering grades 5,6, & 7 9:00am to 12:30pm Vernon Christian School gym Check in time 8:45am **Cost: $100.00** **Cheques payable to Vernon Christian School 6920 Pleasant Valley Road, Vernon, BC, V1B 3R5** Includes your own camp t-shirt! Daily prizes to be given away!	Underhand contacts- passing, positioning, footwork, serve receive, digging. Overhead volley- passing, serve receive, setting Serving- underhand and overhand serve techniques Blocking- footwork and arm action Spiking- arm action, footwork, body positioning, ball placement Competition preparation- mental focus, nutrition

* **EARLY BIRD REGISTRATION: REGISTER BY JUNE 9TH– $90.00**

ENQUIRIES AND REGISTRATIONS: CONTACT CHRIS AT *cbannick@vcs.ca*

What to bring:

- Volleyball shoes, shorts, t-shirt, knee pads, socks
- Water bottle or juice boxes
- **healthy** snack food (bananas, oranges, granola bars, etc.)

Registration:

- Athletes and parents must fill out the registration form and SEND BY EMAIL to cbannick@vcs.ca or drop off registration at VCS Secondary Campus office. *Space is limited so register early*. Please record your information below to be notified for verification of camp acceptance. Send all checks to Vernon Christian School- 6920 Pleasant Valley Road, Vernon, BC, V1B 3R5. No refunds, for any reason, will be issued after August 1st.

Facilitator:
Chris Bannick- Level 2 volleyball coaching certification, Sr. Boys Head Coach 2005-present, grade 8 girls Head Coach 1998-2001, Jr. boys Head Coach 2002-04, Vernon Volleyball Club Head Coach U16 girls 2006, U17 girls 2007, Vernon Volleyball Club Head Coach U14/15 girls 2008, Associate Coach U18 Boys 2009, U18 Girls 2010.
Instructors: Rachael Kroeker- VCS Royals Volleyball- 2012-present; Sky Volleyball Club 2014-16
Anica Haberstock- VCS Royals Volleyball- 2012-present; Sky Volleyball Club 2014-present
Plus additional senior athletes and guest coaches!

ROYALS VOLLEYBALL SUMMER CAMP
REGISTRATION FORM

NAME:_____ MALE_____ FEMALE: ____

ADDRESS: _____

HOME PHONE:_____ E-MAIL:_____

WORK PHONE: _____

GRADE IN SEPT. 2017_____ Birthdate (MM/DD/YY) _____

T-shirt size: youth large__ adult small__ adult medium___ adult large____

PARENT/GUARDIAN NAME:_____

MEDICAL # _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

ALLERGIES OR OTHER MEDICAL CONCERNS: _____

PARENT/GUARDIAN RELEASE: I hereby authorize my child's participation in this sports camp. I know of no physical or mental issues, which may affect my child's ability to safely participate in this camp. I acknowledge that the camp has the right to deny admission to the camp or dismiss my child from the camp for any reason. I hereby authorize the staff of the Royals Volleyball Camp to act on my behalf in the case of illness or injury involving my child. I agree that Vernon Christian School and the camp staff will not be held liable for any injuries, illnesses, or expenses incurred as a result of my child's attendance and participation in the camp.

_____ _____

Parent/Guardian Signature Date