

General Information

Camp Objective

These camps are specifically designed for players wanting to learn the fundamental skills and the correct technique for volleyball in an individual and team setting. With a limited number of participants the campers will get individual attention from the camp staff.

Facilities

The Labette Community College Volleyball Camps are located at the Multi-Purpose Building on the Labette Community College campus. There is a training room on site. A trainer will be on staff in the event of an injury.

Registration

Registration will begin a half hour before instruction on the first day of each camp session.

What to Bring

We recommend all campers volleyball shoes that are already broken-in to avoid blisters, kneepads and a water bottle with a lid.

Camp Staff



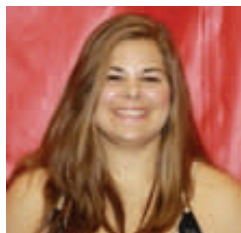
Jennifer Ginn
Camp Director



Morgan Bristow
Sophomore Middle Hitter



Cierra Lamb
Sophomore Outside Hitter



Reagan Owen
Sophomore Setter



Lanae Shockley
Sophomore Libero



Kristen Yotz
Sophomore Right Side Hitter

Registration Deadline:

June 1, 2010

Please make checks payable to:

Jennifer Ginn

MAIL TO:

Labette Community College

Attn: Volleyball

200 S. 14th St.

Parsons, KS 67357

Enrollment:

I am enrolling for the following sessions:
Registration deadline is June 1, 2010
Spots are limited. Register Early!

_____ **4th-6th Grade Beginners Camp**

June 14-16, 2010 (8:00am-11:00am) \$30.00

_____ **7th-9th Grade Intermediate Camp**

June 14-16, 2010 (12:30-3:30pm) \$30.00

_____ **10th-12th Grade Elite Camp**

June 14-16, 2010 (5:00pm - 8:00pm) \$30.00

**2010 Labette Community College
Volleyball Camp Application**

Name: _____

Address: _____

City/State/Zip: _____

Age: _____ Email: _____

Phone: _____

Tshirt size: Youth or Adult S M L XL

Parent Name: _____

Work Phone: _____

School: _____

Family Doctor: _____

Family Doctor Phone: _____

* Please submit a copy of your insurance card with application.

Does the player have any physical limitations?
If so please list on a separate sheet of paper.

I certify that my child is in good condition and can partake in the daily schedule of events. I grant permission for the directors of the Labette Community College Volleyball Camp to act for me in their best judgment in any emergency requiring medical attention, including treatment at a local hospital. I hereby waive and release Labette Community College's Volleyball Camp; its officers, directors, and all employees from any liability for personal injury arising out of the applicant's participation in the camp program.

Parent/Guardian's Signature

Labette Community College

Attn: Volleyball

200 S. 14th St.

Parsons, KS 67357

www.labette.edu

**Labette Community College
Volleyball 2010 Camps**

Phone: 620-820-1014

Email: Jenniferg@labette.edu

Web Address: www.labette.edu

Registration Deadline: June 1, 2010

June 14-16, 2010

8:00-11:00 AM– 4th-6th Graders

12:30– 3:30 PM– 7th-9th Graders

5:00-8:00 PM– 10th-12th Graders

