

STAR Volleyball Camp

July 15-18, 2013

Hillcrest Middle School, Sebastopol, California



STAR Camps are directed by Tom Houser www.coachhouser.com. Coach Houser and his staff will be traveling from Virginia to share their expertise. This is an excellent opportunity for you to develop and sharpen your volleyball skills as you prepare for your 6th, 7th or 8th grade seasons AND have a lot of fun!

DAY/TIME:	Mon-Wed (9am – 4pm) Thu (9am-12:30pm) (There will be a 1 hour lunch break Mon-Wed. All campers must bring their own lunch, beverages and snacks.)	DIVISIONS:	This camp is open to all incoming 6 th , 7 th and 8 th graders. The 2 divisions will be comprised as follows: Rising Stars - 0 to 1 season of experience in school or club ball. Bright Stars - 2 to 3 seasons of experience in school or club ball.
FEE/DEPOSIT:	\$220/camper (regular) or \$200/camper (friends rate – sign up with 2 other friends and all 3 save \$20.00!) Please make checks payable to: SHARON LOCHERT Mail check & registration form to: 4725 Arcadia Ln, Santa Rosa 95401	DEPOSIT:	<u>\$100 non-refundable deposit due immediately to hold spot in camp.</u> There is a <u>limit of 21 campers per division</u> and the spots are sold on a first-come first-serve basis. Get your deposit in ASAP!
TOPICS COVERED: (This is a list of potential topics. Actual topics will be based on skill level of each division.)	Thorough warm-ups and stretching each day – Why warm up? Why stretch? Passing – Platform, staying still, using legs, 1 st contact with hands. Hitting – Master the 3-step approach, tipping and slamming. Setting – Stay tight, ask for the ball, pull the team, call names, “BEST” method of setting. Serving – The 3 priorities in serving, floaters, short, bombs and jump floaters. Blocking – Proper footwork, strong hands & core, set the block, limit being tooled. Digging – Covering the shoes, staying still, getting on the floor, getting the ball up. Serve Receive – Aggressiveness, 3-person or 4-person, communication. End Of Camp Tournament – If time permits, kids can show parents what they've learned! BE PREPARED FOR VOLLEYBALL SEASON!		
MORE INFO:	To see the web page for this camp: Go to www.coachhouser.com - STAR Camp 2013 page. For other questions, please e-mail Sharon Lochert at Sharlo@sonic.net .		
FUND RAISING:	We are conducting a fundraiser by collecting used cell phones and ink jet cartridges. If you're interested, e-mail Sharon Lochert at sharlo@sonic.net for more information.		

STAR Volleyball Camp
July 15-18, 2013
Hillcrest Middle School, Sebastopol, California

REGISTRATION & MEDICAL RELEASE FORM

Date: _____

Player's Name: _____ Player's E-mail: _____

Player's Address: _____

Player's Phone: (home): _____ (cell) _____

Player's Birthdate: _____ Doctor's Name: _____ Dr. Phone #: _____

Name of Health Ins: _____

Any known allergies: _____

Any known physical condition(s) that would prevent player from fully participating in volleyball camp:

Parent/Guardian's Name: _____ E-mail: _____

Parent/Guardian's Phone: (home) _____ (cell) _____

In the event of an emergency, if parents/guardian cannot be reached, please contact:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Medical Authorization

(I) (We) certify that _____ is physically fit to take part in the activities of the above referenced camp. If during the course of my daughter's activities in this volleyball camp she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical care. I agree not to hold Hillcrest Middle School, any individual from the school or the camp staff, liable for any injury she may sustain while she is participating in camp activities. I authorize emergency medical treatment for my child in the event she needs such treatment and I am unavailable to give consent.

Further, (I) (We), the undersigned, parent(s) of _____, a minor, do hereby authorize the principal or designee, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act, whether such a diagnosis or treatment is rendered at the office said physical or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall be in effect from July 15, 2013 until July 19, 2013, unless sooner revoked in writing delivered to said agent(s).

Signed: _____ Date: _____

Printed Name: _____

Signed: _____ Date: _____

Printed Name: _____