



2018 Hitter/Setter/Libero Position Camp

Hosted by UW-La Crosse Volleyball

Learn from UWL Volleyball Players and 2017 WIAC Coach of the Year, Amber Dunn!

Welcome to the University of Wisconsin-La Crosse First Touch / Defensive Specialty Camp! Quality instruction on defense & serve receive will be provided by UWL Volleyball coaching staff and players. The camp will be focused on providing a high volume of repetitions of passing & defensive skills, such as digging & serve receive. Specific skills covered will include: serve receive, individual defense, overhead digging, playing the second ball, servicing, & learning how to properly dive and make emergency/recovery moves. Camp staff will model the importance of correct body positioning, eye-sequencing and floor quickness. While this camp will greatly benefit defensive specialists and liberos, it is not limited to just those players. The First Touch/Defensive Specialty Camp is a valuable experience for all volleyball players, regardless of position.

Dates:	July 26, 2018
Times:	9:30AM – 4:00PM <i>*Lunch provided on campus</i> Check-in 9:00-9:30am
Cost:	\$105 thru June 17 \$120 after June 17 <i>All registrations include a camp gift!</i> <i>Walk-in's welcome – camp gift not guaranteed</i>
Grades:	7 – 12 (grade entering fall 2018)
Location:	Mitchell Hall Gyms <i>UW-La Crosse Campus</i>
What to Bring:	Athletic Attire, Water Bottle, Knee Pads & Court Shoes, Healthy Snacks



A camp store will be available during registration, between sessions, and at the conclusion of camp. UWL Volleyball apparel and accessories will be available for purchase. Be sure to take advantage and grab some awesome UWLVB gear!

Visit uwlcamps.com for online registration, printable registration, and more information!

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REGISTRATION FORM

Please print clearly. We cannot process incomplete registrations. All information requested must be provided.

Participant's Full Name: _____ Grade: _____ Affiliated Club: _____

Primary Position: _____ Secondary Position: _____ Have You Visited UWL Campus/Date: _____

Please List Any Volleyball Awards: _____

Second Participant's Full Name: _____ Grade: _____ Affiliated Club: _____

Primary Position: _____ Secondary Position: _____ Have You Visited UWL Campus/Date: _____

Please List Any Volleyball Awards: _____

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Phone #1: _____ Phone #2: _____

Email (necessary for confirmation and camp communication): _____

Special needs for participant(s): _____

Amount Enclosed: \$ _____

Check enclosed, made payable to: **UW-La Crosse**

Return form to:
UW-La Crosse Athletic Camps & Clinics
25A Mitchell Hall
1725 State St.
La Crosse, WI 54601

WAIVER: Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. By signing this form, I agree to hold harmless and indemnify UW-La Crosse, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

Parent/Guardian Signature: _____

Date: _____

Visit uwlcamps.com for online registration and more information!