

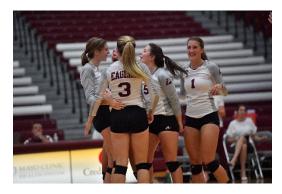
2019 Serve/ Pass & Defensive Strategies Hosted by UW-La Crosse Volleyball

Welcome to our Serving/Defense Clinic! The camp is intended for players from an Intermediate-Advanced skill level from ages 13-18. This one-day camp will focus on various techniques of serving, along with improving consistency, and finding the serve that fits your game best. This camp is excellent for liberos, defensive specialists, and players who are looking to develop their game to become a 6-rotation player. Each camper will receive quality instruction and high-volume repetitions in the skills of serving, passing, and defense throughout the day. Campers will have the opportunity to apply skills acquired into competition.

Athletes will be divided by skill and placed in groups where they will improve and be challenged.

Campers will be provided lunch over the break followed by a classroom session.

Dates:	July 25 th		
Times:	9:00AM Check-in		
	Session I: 9:30AM- 12:00PM		
	Classroom: 1:00PM-1:45PM		
	Session II: 2:00PM-4:30PM		
Cost:	\$95 early bird registration		
	\$110 after June 15		
*Walk-in registrations are WELCOME! Please note camp gifts are not guaranteed and discounts do not apply for walk-in registrations.			
Grades:	8-12		
Location:	Mitchell Hall Gyms		
Coaches:	Head Coach Amber Dunn		
	Assistant Coaches & Athletes		
**			
**Lunch will be provided			





Visit UWICAMPS.COM for online registration, printable registration, and more information!



2019 Serve/ Pass & Defensive Strategies

Registration Form July 25th 9:00AM-4:30PM \$95 early bird registrations \$110 after June 15

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

Participant's Full Name:		Grad Year:	Age:		
High School:	Coach's Name:	Coach's Email:			
Club Name:	Coach's Name:	Coach's Email:			
Primary Positi	on:	Secondary Position:			
Earned Accolades:					
Dietary Restrictions:					
		City/ State/ Zip:			
Emergency Contact Name:		Emergency Phone:			
Email (necessary for confirmation	on and camp communication):				
Special needs for participant(s):					
Amount Enclosed: \$					
	Check enclosed, mag	de payable to: <i>UW-La Crosse</i>			
	Re	turn 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 UWICAMPS.COM for online registration and more information!