



2018 ALL SKILLS 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 All Skills Camp! This 3-day camp is designed for 7-12th graders of all skill levels who are looking to improve their volleyball skills and overall understanding of the game. UWL Volleyball staff and current team members will provide one-on-one coaching focusing on the fundamental skills of volleyball through detailed technical progressions. Game-like scenarios and opportunities to compete will also be incorporated into both sessions in order for campers to practice their skills in live situations. Camp staff will demonstrate and instruct proper skill techniques for all skills to enhance camper understanding of specific skills and the game of volleyball.

Dates: July 23-25, 2018

Times: 1:30pm – 4:00pm
Check-in 1:00-1:30pm

Cost: \$95 thru June 17
\$110 after June 17
All registrations include a camp gift!
Walk-in's welcome – camp gift not guaranteed

Grades: 7 - 12 (grade entering fall 2018)

Location: Mitchell Hall Gyms
UW-La Crosse Campus

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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1:30pm – 4:00pm

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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: _____

Primary Position: _____ Secondary Position: _____

Second Participant's Full Name: _____ Grade: _____

Primary Position: _____ Secondary Position: _____

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 uwlcamp.com for online registration and more information!