



## Hitter/ Setter/ Libero Overnight Camp

Hosted by UW-La Crosse Volleyball

Training during this camp is like that of the Eagle Volleyball Team with individual development through skill improvement and competition. There will be individualized instruction followed by classroom sessions to engage the student of the game. Players will take what they learn from training and classroom sessions and incorporate those skills into competitive play.

**Setters** will learn and train setting techniques and tactics, practice the leadership skills that are essential to be a successful, winning setter

**Outside/Rightside/Middle** will learn and train attacking, passing, and blocking techniques, practice shots and attacking tendencies that will improve your hitting percentage

**Libero/Defensive Specialist** will learn and train serve receive, defense, and ball control techniques with a focus on the premier skill of reading.

Each camper will be housed on campus with meals provided in our Student Union. Overnight camps include dinner on the first day through breakfast on the last day. Commuters have dinner on the first day and lunch and dinner on the second day.

<b>Dates:</b>	<b>July 19-21</b>
<b>Times:</b>	<b>1:00PM Check-in</b> <b>Day 1 2:30PM- 8:30PM</b> <b>Day 2 9:30AM-8:30PM</b> <b>Day 3 9:00AM-1:30PM</b>
<b>Cost:</b>	<b>Overnight: \$295 prior to June 15</b> <b>\$315 after June 15</b> <b>Commuter: \$275 prior to June 15</b> <b>\$295 after June 15</b>
<b>Grades:</b>	<b>8-12 &amp; Incoming UWL First Years</b>
<b>Location:</b>	<b>Mitchell Hall Gyms</b>
<b>Coaches:</b>	<b>Head Coach Amber Dunn</b> <b>Assistant Coaches &amp; Athletes</b>



Visit [uwlcamps.com](http://uwlcamps.com) for online registration, printable registration, and more information!



# Hitter/ Setter/ Overnight Camp

Registration Form

July 19-21

Check in at 1:00PM

Overnight: \$295 early bird registration

\$315 after June 15

Commuter: \$275 early bird registration

\$295 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 Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

Earned Accolades: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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](http://uwlcamps.com) for online registration and more information!