



**John Carroll University
2008 Volleyball Camp**

June 24-26

**DeCarlo Varsity Center
University Heights, Ohio**



John Carroll University 2008 Volleyball Camp June 24th-26th 2008

**Youth Camp
9-12pm**

**Elite Camp
2-5pm**

Purpose: The goal of the John Carroll Volleyball Camp is to provide an opportunity for beginning and established athletes to focus on developing and strengthening the fundamentals needed to improve their game

Facilities: The camp will be conducted at The DeCarlo Varsity Center, on the campus of John Carroll University, home of Blue Streak Volleyball

Equipment Needed:

- indoor gym shoes
- knee pads

Cost:

- Tuition fee is \$90.00 if received by 6/2/08
- \$95.00 if received after 6/2/08
- Registration Due 6/13/08
- \$15.00 Discount for John Carroll Employees
- Camp tuition includes a camp t-shirt
- A discounted team rate is also available (please inquire before sending in registration)
- Make checks payable to: John Carroll Volleyball

For more information contact **Lauren Collins:**

- (office) 216-397-3060
- (email) lcollins09@jcu.edu
- (fax) 216-398-3043

ask to be added to the email distribution list for JCU volleyball camp information

Youth Camp:
Ages 8-13 will run from 9 am - noon

This camp will feature:

- Daily breakdown of each skill
- Fundamental stations
- Individual and group contests
- Basic concepts of court positioning and rotations
- Certified Trainer on duty
- Positive, Fun Learning Environment

Elite Camp:
Ages 14-18 will run from 2 - 5 pm

This camp will feature:

- Daily breakdown drills on fundamentals
- In depth development of court positioning and rotations
- Focus on specialties (jump serves, jump sets, quick attacks, shoulder rolls)
- Small court games
- Stations
- Certified Trainer on Duty

Camp Staff

Cally Plummer
Director
Head Volleyball Coach
John Carroll University

Cally Plummer, a four-time selection to the All Southeastern Conference volleyball team during her playing days at the University of South Carolina, is entering her 4th year as head volleyball coach at JCU.

In her four seasons as a starter at South Carolina (1998, 2000-02), Plummer led the Gamecocks to four 20-win seasons and appearances in the NCAA Division 1 Championship tournament all four years.

Following the conclusion of her playing career, Plummer served as a Graduate Assistant coach and Volleyball Camp Director at her alma mater during the 2003-04 season. She spent the 2004-05 academic year as the freshman volleyball coach at Mason (MI) High School. Plummer also had experience as a club coach with the Carpe Diem Junior 16's in Columbia, South Carolina, from 2002-2004.



Lauren Collins
Assistant Director
Graduate Assistant Coach
John Carroll University

The 2005 Walsh University graduate was a standout competitor for the Cavaliers, earning Honorable Mention NAIA All-American as a senior and First Team All-AMC south accolades in 2002 and 2004. She was also an All Conference Scholar Athlete in 2004.

Collins is presently the Volleyball Club Director for Team Energetics and working on a graduate degree in Community/Clinical Psychology at John Carroll.



The Staff also includes current members of the JCU Volleyball Team.

John Carroll University 2008 Volleyball Camp Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Age _____

E-Mail Address _____

Select Session (circle):

Youth Camp (9am-12pm) Elite Camp (2pm-5pm)

Circle T-Shirt Size (adult sizes)

S M L XL

Please enclose the entry fee with this registration form and the waiver form.

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- Registration Due 6/13/08
- \$15.00 Discount for John Carroll Employees

Make checks payable to John Carroll Volleyball

**John Carroll University Athletics – Volleyball
Attention: Lauren Collins
20700 North Park Blvd
University Heights, OH 44118**

John Carroll University

2008 Volleyball Camp

Parental Release, Consent and Emergency Information Form

I, the undersigned parent or guardian of:

Name of Participant: _____ Age: _____

Would like my child to participate in the JOHN CARROLL UNIVERSITY Volleyball Camp for the dates of June 24 to June 26. I have been informed about the nature of this activity and have been given the opportunity to ask questions about this activity.

EMERGENCY CONTACT INFORMATION

In the event of an emergency involving my child, I direct that JCU staff attempt to contact the people identified below:

Parent/Guardian: _____ Daytime Phone(s) _____

Parent/Guardian: _____ Daytime Phone(s) _____

Other Name: _____ Relationship: _____ Phone: _____

CONSENT TO TREATMENT

In case I or the other contact person(s) cannot be reached, I authorize JCU through its employees and agents to obtain necessary first aid or emergency medical treatment for my child, and I agree that this information may be released to medical personnel if necessary. I agree to be responsible for the cost of any such emergency medical treatment. I have provided on the reverse side of this form a description of any specific needs my child may have as well as any allergies and any conditions to which medical personnel should be alerted.

Physician's Name: _____ Daytime Phone: _____

PICKUP INFORMATION

If someone other than a parent/guardian or emergency contact person identified above will be picking up the child, you must indicate your permission below:

I give my permission to _____ Phone: _____ to pick up my child from the JCU Volleyball Sport Camp.

RELEASE

The above named participant, a minor for who I am the parent or legal guardian, has my permission to participate in the above-described activity. On behalf of my child, and myself, I release John Carroll University, its trustees, officers, agents, employees and volunteers, from any and all liability in connection with my child's participation in this activity. I understand that this Release covers any and all claims against John Carroll University (or any of those mentioned above). I also understand that this release binds me, my family, my estate, and/or heirs. I have read this entire document, fully understand it and agree to be bound by it.

Signature of Parent or Guardian

Date

This form must be signed and returned by June 24th to the summer camp director upon registration of your child.
PLEASE list any additional medical information that the volleyball staff and trainers should be aware of.