South Mountain Community College
Volleyball Camps 2019
(THE camp with THE best camper to coach ratio in Arizona!!)

PURPOSE

The South Mountain Community College Volleyball Camp is designed to provide the athlete with a wide variety of skill training covering many of the aspects of the game. The efficient technique training that will be taught will be similar to that of the South Mountain CC Team.

CAMP FOCUSES (time to be split each day)

Technique skills

Skills to be taught will include those used in game play; passing, setting, hitting, serving, blocking, & defense.

Position skills

Skills used for specific positions of team members will also be covered including; setters, outside hitters, middle hitters & liberoes' along with game scrimmage play to practice indv.skills

DATES

JULY 22nd (Monday) through
JULY 25th (Thursday)

TIMES

9:00am---11:30am Grades 5-8 ($100.00)
1:00pm---4:00pm Grades 9-12 ($110.00)

FEES

only $100.00(5-8) or $110.00(9-12) for whole week includes t-shirt, serving contest prizes, & *quality* instruction
cash also accepted on 1st day of camp

AGES

open to grades 5-12, no experience necessary, campers will be divided into appropriate skill level groups based on assessment by camp staff in relation to skill level &/or age, 2 courts will be utilized for camp & no more than 4 to 1-player to coach ratio

CAMP STAFF

Head Coach Melissa Hess, Assistant Coach Patrick Mooney, and 2019 team members will be teaching the skills to the camp participants

SIGN UP EARLY, SPACE WILL BE LIMITED TO 40 PARTICIPANTS FOR EACH CAMP

Please **detach** & return this portion w/ check made payable to: South Mountain Community College Volleyball Boosters

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CASH ALSO ACCEPTED IN PERSON ON 1ST DAY OF CAMP W/SIGNATURE BELOW

(CIRCLE ONE)>>>>>>>>>>>>>>>>>>>T-SHIRT (unisex adult) SIZE XS S M L XL XXL

NAME_____ PHONE #_____ FALL GRADE _____GRAD YEAR _____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

SCHOOL_____ HEIGHT_____ DATE OF BIRTH_____ POSITION/S_____

PARENT/RESPONSIBLE PARTY DAYTIME PHONE # DURING CAMP/CLINIC_____

EMAIL ADDRESS_____

I HEREBY AUTHORIZE THE CAMP/CLINIC STAFF TO ACT FOR ME IN ANY EMERGENCY SITUATION REQUIRING IMMEDIATE MEDICAL ATTENTION. I REALIZE AND UNDERSTAND MY CHILD MAY BE AT RISK OF INJURY WHILE PARTICIPATING IN PHYSICAL ACTIVITY. I WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY INCUR AGAINST SOUTH MOUNTAIN COMMUNITY COLLEGE, ITS STAFF AND ITS SPONSORS.

PARENT OR GUARDIAN SIGNATURE_____ DATE_____

PLEASE MAIL ALONG WITH CHECK TO: (or mail registration now & notify us of intent to pay cash)
SMCC VOLLEYBALL-Melissa Hess
7050 S. 24th St. PHOENIX, AZ 85042

QUESTIONS OR FURTHER INFO PLEASE e-mail: melissa.hess@southmountaincc.edu

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