



## 2011 Position Camp—Aug 4 & 5 (ages 13-18)

### Setters/Attackers/Liberos: 9-12 & 1:30-4:30

Athletes, you have a unique opportunity to train specifically in your position prior to the 2011 season under the direction of Head Coach Bryan Crawford and the Iowa Central outstanding volleyball staff. The IC coaches will guide you through tactics, techniques and finer points of the game to put you a step ahead of your competition.

- Athletes will train directly alongside the current IC team.
- Athletes will have the option to commute to camp daily or to stay in campus housing. Please contact the camp director Lacey Silvey for more information on being a Residential Athlete.

#### Cost:

**Commuter camper:** \$100.00 per athlete  
This does not include food or housing

**Residential Camper:** \$165.00  
This includes meals and lodging

#### Sample Full Day Schedule

Athletes will check in at 8:30 a.m. on Aug 4 and check out at 4:30 p.m. on Aug 5.

9 –12 p.m. Morning Session  
12 p.m. – 1:30 p.m. Lunch  
1:30 p.m. –4:30 p.m. Afternoon Session  
4:30 – 8:00 p.m. Dinner & Activity **ONLY** for Residential Campers

#### Payment of Expense Statement:

NCAA guidelines prohibit payment of camp expenses (e.g., transportation, camp fees, spending money, etc.) by a representative of the Iowa Central Community College athletics interests. NCAA rules also prohibit free or reduced camp admission for prospects (9th grade and above). By signing below, I affirm that I have read and understand the NCAA legislation as it pertains to the payment of camp expenses for the camper listed on this form. I understand that any violation of NCAA rules may jeopardize the NCAA eligibility of my daughter.

**Signature of Parent/Guardian or Athlete (18 yrs of age or older)**

Date \_\_\_\_\_

## Registration:

Full payment is due upon registration. Registration/Payments will be accepted at check-in. All Athletes must fill out medical release form.

To register online: [www.tritonvolleyballcamps.com](http://www.tritonvolleyballcamps.com)

To register by mail: complete and return this form along with payment to:

Iowa Central  
Women's Volleyball  
1 Triton Circle  
Fort Dodge, IA 50501

### REGISTRATION INFORMATION

Name: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade in School 2011-12: \_\_\_\_\_  
Position: \_\_\_\_\_  
**Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Contact #: \_\_\_\_\_

### Medical Release

I hereby request that you accept the application of:

\_\_\_\_\_  
*Child's Name*

For the 2011 volleyball camp during the dates set forth on this application. In consideration of your acceptance of this application, I, as the parent or guardian of my child hereby release Iowa Central, the Athletic Department and all their employees and agents from all claims on account of any injuries which may be sustained by my child while attending the Iowa Central Volleyball Camp. I further agree to hold Iowa Central and all their employees harmless from any or all claims made against them on account of my child's participation in the volleyball camp. I also give you my permission to act in your best judgment in treating any injury that my child may sustain during camp.

\_\_\_\_\_  
Parent/Guardian's Signature DATE

\_\_\_\_\_  
Medical Insurance Carrier

\_\_\_\_\_  
Policy #