LOPER VOLLEYKIDZ

Youth Volleyball Day Camp - JUNE 13-14 1PM-3PMUNK Health and Sports Center – Grades 2nd-5th

Directed by <u>UNK Head Coach Rick Squiers</u>, the Volleykidz day camp is designed to introduce volleyball basics utilizing age appropriate methods that are both fun and educational. Campers will learn *passing, setting, serving, and spiking* through the use of modified equipment and techniques to help them get a head start in one of the world's most popular sports. Get into the action with **Volleykidz Day Camp!**

VOLLEYKIDZ HIGHLIGHTS

Top Quality Air Conditioned Volleyball Facility @ UNK Health and Sports Center
Experienced staff that includes High School and College Volleyball Players
Age Appropriate Fundamental Skills Instruction
Introduction to Rules, Scoring, & Modified Games
Refreshments and Staff Game Following Each Session

Camp Fee: \$60.00 - Each Camper Receives:

*Official Volleykidz T-shirt! *Camp Volleyball! *Certificate of Completion! *Daily Refreshments!

Schedule: Wednesday: 12:45-1:00 Registration/Check-in

1:00-3:00 Session I

Thursday: 12:45-1:00 Open Gym/Check-in

1:00-3:00 Session II

Loper Volleykidz camps admit all qualified applicants without regard to race, color, religion, or national origin. In addition, individuals needing accommodation under the ADA should contact the camp coordinator or the ADA coordinator at UNK (308-865-8655) prior to the event.

Return with fees (checks payable to UNK) by JUNE 8

Volleykidz Day Camp, #108 Health and Sports Center, University of Nebraska Kearney, Kearney, NE 68845
Confirmations will be EMAILED

Questions: squiersr@unk.edu or Call (308) 233-0311

NAME									
STREET ADDRESS									
CITY			STATE	Z	ZIP				
PHONE	E-N	MAIL ADDRES	S						
GRADE Entering	AGE	PARENT	S' NAME	S					
T-SHIRT SI	ZE (PLEASE CI	RCLE) YS	YM	YL	YXL	AS	AM	AL	

WAIVER AND RELEASE AGREEMENT

Upon acceptance of this application, I hereby waive and release all rights and claims for damages I may have against Rick Squiers, UNK Volleyball, or the University of Nebraska and its employees and agents on account of any injuries or illnesses sustained by my child while attending camp. I authorize the director of the volleyball camp or his designee to select hospital facilities and/or physicians of his choice and authorize treatment on an emergency basis if such treatment becomes necessary as a result of participating in Volleykidz Day Camp.

Parent or Guardian Signature Date