

# LOPER VOLLEYKIDZ

**Youth Volleyball Day Camp - JUNE 10-11 1PM-3PM**

**UNK Health & Sports Center – Entering Grades 2nd-5th**

Directed by **UNK Head Coach Rick Squiers**, 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:**

<b>Wednesday:</b>	<b>12:45-1:00</b>	<b>Registration/Check-in</b>
	<b>1:00-3:00</b>	<b>Session I</b>
<b>Thursday:</b>	<b>12:45-1:00</b>	<b>Open Gym/Check-in</b>
	<b>1:00-3:00</b>	<b>Session II</b>



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 (payment to UNK) OR Register online at [www.unkvolleyballcamps.com](http://www.unkvolleyballcamps.com) 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](mailto:squiersr@unk.edu) or Call (308) 233-0311

NAME _____								
STREET ADDRESS _____								
CITY _____			STATE _____			ZIP _____		
PHONE _____			E-MAIL ADDRESS _____					
GRADE Entering _____		AGE _____		PARENTS' NAMES _____				
T-SHIRT SIZE (PLEASE CIRCLE)		YS	YM	YL	YXL	AS	AM	AL
<b>*WAIVER AND RELEASE AGREEMENT*</b>								
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 _____		