

PHOENIX COLLEGE VOLLEYBALL CAMP 2005

PURPOSE

The Phoenix 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 main purpose will efficient technique as well as strategical skills will be emphasized throughout camp.

CAMP FOCUSES

Technique skills (MAIN FOCUS OF CAMP)

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 briefly covered including; setters, outside hitters, middle hitters & defensive specialists along with game scrimmage play to practice indiv. skills

DATES

AUGUST 1st (Monday) through
AUGUST 4th (Thursday)

TIMES

12:30pm---4:00pm

FEES

only \$85.00 for the 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 exp. necessary, campers will be divided into appropriate skill level groups dependant on assessment by camp staff in relation to skill level &/or age, 3 courts will be utilized for camp & no higher than 5 to 1-player to coach ratio

CAMP STAFF

Head Coach Patrick Mooney, The Phoenix College Coaching staff, and 2005 team members will be teaching the skills to the camp participants

"THE MARICOPA COMMUNITY COLLEGE DISTRICT IS AN EEO/AA INSTITUTION"

Please detach & return this portion w/ check made payable to: Phoenix College Volleyball Boosters

CAMP

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

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

NAME _____ PHONE # _____ AGE _____ GRADE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SCHOOL _____ HEIGHT _____ DATE OF BIRTH _____ POSITION/S _____

PARENT/RESPONSIBLE PARTY DAYTIME PHONE # DURING CAMP/CLINIC _____

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 PHOENIX COLLEGE, ITS STAFF AND ITS SPONSORS.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

PLEASE MAIL ALONG WITH CHECK TO: PHOENIX COLLEGE VOLLEYBALL-PAT MOONEY
1202 W.THOMAS RD.
PHOENIX, AZ 85013

QUESTIONS OR FURTHER INFO PLEASE e-mail: pat.mooney@pcmail.maricopa.edu