



2009 Carolina Select Volleyball Camp July 27th – 30th

Junior Camp: 9:00am – 12:00pm (Rising 7th & 8th graders)

Basic skills of serving, passing, setting and hitting will be included. Individual defense and team defense will be discussed. Players will be introduced to court positioning for serve and serve receive.

Junior Camp

Location: **Highland Recreation Center**

Grades: 7th & 8th

Dates: Monday, July 27th – Thursday, July 30th

Time: 9am – 12pm

Fee: \$80.00 (includes Carolina Select Camp T-shirt)

(Maximum # of players- 24)

Senior Camp: 1:00pm – 5:00pm (Rising 9th - 12th graders)

Athletes will receive individual and group instruction in skill development, team offense and defense. Advanced skills will include serving, passing, setting, hitting and blocking. Techniques will be demonstrated by experienced coaches and collegiate players. Competitive sessions and conditioning specifically for volleyball will also be included.

Senior Camp

Location: **Highland Recreation Center**

Grades: 9th - 12th

Dates: July 27th – 30th

Time: 1:00pm – 5:00pm

Fee: \$110.00 (includes Carolina Select Camp T-shirt)

(Maximum # of players- 24)

What to bring with you:

Dress for activity, shorts or spandex, tennis shoes, water bottle and knee pads are recommended.

Current Physical (must be within the last year)

Leesa Godfrey: (Camp Director)

Carolina Select Volleyball Club Coaching Director & 17's coach. Leesa has a decade of coaching experience and has helped with numerous camps, rec teams and club teams. She is certified thru USAV and Gold Medal Squared. lgod@charter.net

Terri Ferber: *Assistant Coach-CVCC; All Conference Player for ACHS; Player of the Year NW4A conference; CVCC '06-'08 Middle Blocker; While at CVCC Terri was awarded MVP, Player of the Year, and named to the All Region & All Tournament Teams; Coach of Burke County Volleyball Club (16's).*

Adam Grant: *Student Manager Appalachian State Volleyball*

Registration Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Grade: _____ (fall of '09) School: _____

Phone #: _____ Emergency Phone #: _____

I give my child permission to participate in the Carolina Select Volleyball Camp and will not hold The City of Hickory or any staff members responsible for any accidents or injuries to my child.

Parent or Guardian _____ Date: _____

Camp Choices

Junior Camp _____ (\$80.00)

Senior Camp _____ (\$110.00)

Camp fee must be paid in full by July 20th to secure your spot in the camp.

Make Checks payable to:

Carolina Select Volleyball Club
1934 Fairway Drive
Newton, N.C. 28658

For Information contact:
Leesa Godfrey: 828-256-1900
828-217-1731

Insurance Information:

Company: _____

Policy #: _____ Group #: _____

Address: _____

Phone #: _____

I hereby allow my child, _____ to receive medical treatment for any condition of injury while attending volleyball camp. We are responsible for any expense incurred on her behalf related to injury or treatment.

Special Medical Conditions: _____

Signed: _____ Date: _____