

#### **LOCATION & TIME**

Tuesday-Wednesday, June 11-12, 2019 9:00am-11:00am at the DMACC Boone Campus.

### FOR WHOM

Girls in 4th-12th grade. There is flexibility within each session, based on skill and comfort level.

COST \$30.00 per player includes T-shirt.

#### WHAT TO BRING

Volleyball shoes, shorts, T-shirt, and water bottle.

Boone, 1125 Hancock lowa Life's k Drive 1 50036



## DMACC 2019GIRLS VOLLEYBALL CAMP H-12TH **IG**IR LLEY B

Tuesday-Wednesday, June 11-12, 2019 9:00am-11:00am, Boone Campus

**Des Moines Area Community College** 





# GIRLS VOLLEYBALL CAMP DMACC 2019 CAMP REGISTRATION FORM DES MOINES AREA COMMUNITY COLLEGE—2019 Girls Volleyball Camp

## The DMACC **Girls Volleyball Camp**

is a day camp designed to help girls develop their volleyball skills. The camp focuses on **FUNDAMENTALS**, basic knowledge of the game, and having fun!

Each camper will receive a camp T-shirt. This promises to be an outstanding camp and should help get your daughter(s) ready for the season. By attending this camp, they will have lots of fun, meet kids from other schools, and learn to play the great game of volleyball.



CAMP DIRECTOR Head Coach Patty Harrison

### COACHES & STAFF

DMACC assistants and players Des Moines Area Community College players will also assist at the camp.

**Emphasis** will be placed on such volleyball fundamentals as passing, hitting, setting, serving, offense and defense. Camper will participate in fun contests and league games with awards presented within each age division.

For additional information, please contact: Head Coach Harrison, Head Volleyball Coach ph: 515-433-5051 c: 515-370-3441 piharrison1@dmacc.edu



June 11-12, 2019, Boone Campus

Name		
Address		
City	State	Zip
Age	Grade	
Telephone_		
School		

T-Shirt Size  $\square$  S  $\square$  M  $\square$  I  $\square$  XI (Adult Sizes)

Youth XL

## **RFIFASF FORM**

My daughter has my permission to attend the DMACC Girls Volleyball Camp. I understand that DMACC Girls Volleyball Camp does not assume responsibility for accidents, medical or dental care, or any other expenses as a result of this camp.

#### PARENT OR GUARDIAN SIGNATURE

In case of emergency, I understand every attempt will be made to contact me. If I cannot be reached, I give my permission to the physician selected by the camp to hospitalize and secure medical treatment for my child.

#### PARENT OR GUARDIAN SIGNATURE

This camp is open to anyone. We will limit the camp to the first 75 players who turn in their application and payment. If we already have 75 players signed up before the camp starts, we will not accept any applications the day of the camp. We are expecting the camp to fill up quickly, so send in your registration form and \$30 (check or money order) as soon as possible toreserve your spot and camp T-shirt.

#### Checks should be made payable to DMACC Women's Volleyball. Send checks and registration to:

DMACC Women's Volleyball, 1125 Hancock Drive, Boone, IA 50036.