

# 2009 Lexington Middle School Volleyball Camp

## BEGINNING PLAYERS-

Players that are beginning or have not played a full season on a volleyball team.

Dates: June 15-19

**8:00-10:30**

Cost: \$45.00

(past deadline- \$55.00)

We will focus on basic fundamental skills through drills and conditioning through exercise.

- bump pass
- set
- spike the ball
- serve overhand
- rotation
- rules

We will work up to playing a game.

## SKILLED PLAYERS-

You must have at least 1 years playing experience on a team or be invited to attend this session.

Dates: June 15-19

**11:00-1:30**

Cost: \$45.00

(past deadline- \$55.00)

☺ While we will work on the fundamental skills through drills and game play of 3 on 3, 4 on 4 and 6 on 6.

☺ Players will condition through exercise.

☺ Players will work on team building and leadership skills.

Please complete below registration form, sign insurance waiver and return to:  
 Coach Dorneker - 2009 Lexington Volleyball Camp – **702 North Lake Drive, Lexington, SC 29072**  
 For more information contact Coach Jerry: 803-600-8005 or E-mail – [jdorneker@lexington1.net](mailto:jdorneker@lexington1.net)  
**PLEASE MAKE CHECKS PAYABLE TO – LMS Volleyball**  
**Registration deadline is June 9<sup>th</sup>.** E-mail from Coach Dorneker will serve as confirmation.  
*Any late registrations will not be guaranteed a t-shirt.*

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Contact: \_\_\_\_\_

T-Shirt Size -            S            M            L            XL

### Insurance Waiver

I certify that my child is medically cleared to attend camp and give permission for medical treatment for illness / injury during camp. I will be responsible for any and all cost of all medical attention and treatment. I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release, and for ever discharge Lexington Middle School Volleyball Camp, and its staff, officers, agents, employees, representatives, successors and assign of and all rights and claims for damages, injuries, or loss to person or property which may be sustained or occur during participation in camp activities, or while at camp, weather or not damages, injury or loss due to negligence.

Signature of Parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_