

DATES: FIVE DAYS!

MONDAY, JUNE 26TH -
FRIDAY, JUNE 30TH, 2017

TIMES:

SESSION 1 - 9:00AM - 12:00PM
ENTERING GRADES 6, 7, & 8 IN
FALL 2017

SESSION 2 - 12:30PM - 3:30PM
ENTERING GRADES 9, 10, 11, &
12 IN FALL 2017

LOCATION:

GOVERNOR LIVINGSTON HIGH
SCHOOL, RED GYM
BERKELEY HEIGHTS, NJ

FEE:

\$175 PER PLAYER, INCLUDES TEE

EQUIPMENT NEEDED:

KNEE PADS
COURT SHOES

2017 HIGHLANDER VOLLEYBALL CAMP

Camp Philosophy & Details

The Highlander Volleyball Camp is run under the belief that athletes gain confidence and a love for the game through positive feedback from coaches and teammates. The goal of this program is to provide athletes with the skills they need to

develop confidence, passion, and a competitive spirit in order to improve their game.

Athletes will gain knowledge through demonstrations, individual drills, and team drills. Our camp is designed to teach fundamentals while also providing the opportunity for individual skill development: serving, passing, setting, attacking, blocking, and defense. Players will be grouped by experience so they can train in a safe and fun environment.

- OPEN TO RESIDENTS & NON-RESIDENTS
- PLAYERS OF ALL SKILL LEVELS ARE INVITED

A GENERAL OUTLINE OF WHAT EACH SESSION WILL INCLUDE:

- WARM-UP & CONDITIONING
- PASSING
- SERVING
- SETTING
- HITTING/BLOCKING
- SMALL GROUP COURT PLAY
- GAME PLAY
- COOL DOWN & CLOSURE

DIRECTOR: DANA HILAIRE
HEAD COACH, GL VOLLEYBALL
DANA.HILAIRE@GMAIL.COM

CHOOSE ONE OF THE FOLLOWING
OPTIONS TO REGISTER

1. Use the online form and make a payment via PayPal. Link below.

[2017 Volleyball Camp Registration](https://form.jotform.us/70443372558156)

If you experience difficulty with above link, click link below or type it into your browser:

<https://form.jotform.us/70443372558156>

2. Mail this application with a check (made payable to Dana Hilaire) to the mailing address listed below.

Highlander Volleyball Camp
236 Musconetcong River Rd
Washington, NJ 07882

Cancellation Policy:

Cancellation requests must be made in writing to the mailing address in the application before June 19th. Payments will be refunded, less a \$30 processing fee.

Camp Director: Dana Hilaire
Head Coach, GL Volleyball
dhilaire@bhpsnj.org

APPLICATION FOR REGISTRATION

Name: _____

Email: _____

Phone Number: _____

Address: _____

Emergency Contacts (Name & Phone):

1) _____

2) _____

Medical Conditions: _____

Circle ONE session:

SESSION 1: Entering Grades 6, 7, 8

SESSION 2: Entering Grades 9, 10, 11, or 12

Note Volleyball Experience:

Adult T-Shirt Size (circle one below):

Small

Medium

Large

Any photographs of camp related activities taken at the Highlander Camp may be used for promotional purposes. Do you give permission for your child's photographs to be used for promotional purposes?

Yes, I grant permission

No, I do not grant permission

In consideration of the acceptance of my application, I hereby release and discharge the Highlander Volleyball Camp members, officers, agents, representatives, successors, and/or assigns for any and all claims of damages, demands, actions whatsoever in any manner arising or growing out of my participation. I have read the above statement and understand it. My signature confirms its full acceptance. By submitting a payment for this camp, I accept all the terms and conditions.

Parent/Guardian Name (Printed)

Parent/Guardian Signature