2009 NMU Volleyball Summer Camps

Advanced All-Skills Camp
Ages: 14-18
Dates: June 19-21
Times: Friday 1:30-4 p.m. and 6-8 p.m.
Saturday 9-11:30 a.m., 1:30-4 p.m., 6-8 p.m.
Sunday 9 a.m.-Noon
Cost: Commuter - $90  Resident - $165
Instruction to include advanced volleyball techniques and strategies with an emphasis on individual volleyball skill development for the high school or college bound player, limited to 80 participants.

Positional Training Camp: Setters, Attackers, Liberos
Ages: 13-18
Dates: June 22 and 23
Times: Monday 1:30-4 p.m. and 6-8 p.m.
Tuesday 9-11:30 a.m. and 1:30-4 p.m.
Cost: Commuter - $70  Resident - $115
Instruction to include setting, passing and serving positions for the intermediate and advanced players, limited to 80 participants.

Little Wildcat Volleyballers Camp
Ages: 8-12
Dates: June 24 and 25
Time: Wednesday 2-4 p.m. and 5-7 p.m.
Thursday 9-11 a.m. and 12-2 p.m.
Cost: Commuter only - $55
Introduction to volleyball for beginning players. Instruction to include relative volleyball skills with an emphasis on ball control skills and techniques, introduction to systematic volleyball (2’s, 4’s and 6’s) and entry level strategies, limited to 80 participants.

Director: Head Volleyball Coach, Dominic Yoder
Camp Coaches: Assistant Volleyball Coach, Kristin Slamer
Assistant Volleyball Coach, Fernanda Queiroz
NMU volleyball players

Mail to:
Intercollégiate Athletics and Recreational Sports
1401 Presque Isle Ave.
PEIF Office 126
Marquette, MI 49855
Office Use only:
Paid  Date  Method  Confirm
Credit Card Holders Only  MC  Visa
Card #  Exp. Date  Amount
Print Name  Signature

Authorization: I consider the volleyball registrant above to be in good health and permission is granted to participate in all summer program activities, unless otherwise indicated on this form. In case of illness and/or injury, permission is granted for medical treatment to be rendered to my son/daughter. I understand that I will be notified in case of serious illness. All medical bills incurred by my son/daughter will be my responsibility.

Parent/Guardian Name: ____________________________________________
Parent Signature: ____________________________________________
Email Address: ____________________________________________

Health Insurance Carrier/Policy Number: ____________________________________________
Restricted Activities: ____________________________________________
Known Drug Allergies: ____________________________________________
Medical Conditions (i.e. diabetes, asthma, cardiac conditions): ____________________________________________

Medications: ____________________________________________

Complete registration form with full payment. Make check or money order payable to: Northern Michigan University

Check in: 30 minutes prior to first day of camp

Office Use only:
Paid  Date  Method  Confirm

Credit Card Holders Only  MC  Visa
Card #  Exp. Date  Amount
Print Name  Signature

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