



LADY LANCER Instructional VOLLEYBALL CAMP



Girls entering 4th-9th Grade (Fall 2015)

Cost: \$50.00

AUGUST 17-21, 2015

9AM-12:00PM

Lew-Port High School Gym

Camp Director: Paula Singleton -Varsity Volleyball Coach at Lew-Port High School.

Coaching Staff: Alan Ingraham -JV Volleyball Coach at Lew-Port High School

Nina Calarco - Modified Volleyball Coach at Lew-Port Middle School

Staff will also include Lew-Port High School athletes as well as former Lew-Port athletes who play at the college level.

Camp Skills: Camp instructions will include basic volleyball skills taught with fun games and drills to encourage proper technique, strength, and coordination used in the sport of volleyball. All drills and games will be modified to level of players.

Camp Schedule: 9:00 Warm-up - Team builder

9:30 Basic skills (Passing, Setting, Hitting, Serving)

10:30 Break - students provide own water and snack

10:45: Continue skills including team concepts, competitions, rally games

12:00: Dismissal

(Water breaks frequent and as needed.)

Friday August 21st - Camp session will end with a Pizza Party and prize drawings.

Campers Need: Proper Sneakers for gym floor - must tie (no slip-ons or Velcro)

Water bottle with Name. Water and or Sports drinks only!

T-shirt and Shorts.

Camp T-Shirt: Camp T-shirt will be included with pre-registrations. **Received by August 1st.**

Registration: Mail completed form and payment as per instructions on form.

Contact: Paula Singleton Email: singletp@lew-port.com

Phone: 754-8281 ext. 3125

LEWISTON-PORTER
LADY LANCER Instructional VOLLEYBALL CAMP 2015

REGISTRATION

Player's Name _____

Address: _____

Phone: _____

Grade: (Fall 2015) *Circle one.* 4th 5th 6th 7th 8th 9th

T-shirt Size: *Circle one.* **YM** **YL** **AS** **AM** **AL** **AXL**

**Register by August 1st to guarantee a camp shirt.*

Emergency Contact: Name: _____

Relationship: _____

Phone: _____

Parent/Guardian Information:

This program does not provide health insurance. It is the parent/guardian's responsibility to provide medical coverage.

I hereby give permission for the above named player to participate in the Lewiston-Porter Girl's Instructional volleyball camp.

Parent/Guardian Signature: _____ Date: _____

Cost: \$50.00

Checks Payable to: Paula Singleton

Mail Form and payment to: Paula Singleton - Volleyball Camp
Lewiston-Porter Middle School
4061 Creek Rd.
Youngstown, NY 14174.