



LADY LANCER Instructional VOLLEYBALL CAMP



Girls entering 4th-9th Grade (Fall 2016)

Cost: \$75.00

August 8-12, 2016

9AM-12:00 PM

Lew-Port IEC Gym

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

Coaching Staff: Emily Buzzard/Morgan Boss - JV Volleyball CO-Coaches at Lew-Port High 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 frequently and as needed.)

Friday July 22nd - Camp session on this day 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!

A snack for mid-morning break.

T-shirt, shorts, hair tie as needed.

Camp T-Shirt: Camp T-shirt will be included with pre-registration - **Received by Wednesday July 27th.**

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

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

Phone: 754-8281 ext. 5404

LEWISTON-PORTER
LADY LANCER Instructional VOLLEYBALL CAMP
August 8-12, 2016

REGISTRATION

Player's Name _____

Address: _____

Parent Phone: _____

Grade: (Fall 2016) *Circle one.* 4th 5th 6th 7th 8th 9th

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

****Register by Wed. July 27th 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 Instructional volleyball camp.

Parent/Guardian Signature: _____ Date: _____

Cost: \$75.00

Checks Payable to: Paula Singleton

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

- ***Late registration accepted through August 8th.
(Camp shirt not guaranteed after July 27th order deadline)***