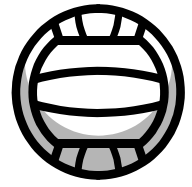


# FIGHTING SCOTS VOLLEYBALL CAMPS

## 2007 GENERAL SKILLS & SPECIALTY CAMP

### AT EDINBORO UNIVERSITY



**July 26-28** Overnight Resident camp (Girls grades 8-12 (must have 1 year of experience)

Cost: \$225.00 Resident \$200.00 Commuter

Send \$50.00 deposit to register

You will receive a confirmation of acceptance letter or e-mail after deposit is received.

Director: Melissa Soboleski- Head Women's Volleyball Coach at Edinboro University/ EPIC Club

Coaches: Jimmy Chan- Former Head Coach at St. John Fisher College

Jenn Ax- Assistant Volleyball Coach at Edinboro University

**Fighting Scots Volleyball Camp** is in its 3rd season under Coach Missy Soboleski.. The resident camp will include high intensity training in specific skill areas. Your training will come from the hands of successful collegiate coaches and prominent high school coaches with championships under their belts. We will train you at a high level and introduce advanced players into collegiate level practices. We will train all general skills as well as specific training for setters, hitters and liberos. We also include special position training, chalkboard lessons and game scrimmages to teach team strategy. Our camps include lots of fun, too! If you are an experienced player the sky is the limit! We will help you move to the next skill level. Please sign up early **as or camp SOLD OUT last year!**

-Fundamental training at appropriate level-Camp tournament/All-Stars

-Team training -Hustle Awards

-Specialty position training-Session "How to Obtain a College Scholarship"

-Free camp T-shirt and camp package -Game play each day

## How to Apply:

Complete the application

Sign insurance waiver and complete fully.

Send \$50 deposit check or money order, only. Make check out to **Melissa Soboleski**

Send deposit and forms to: Coach Melissa Soboleski  
 McComb Fieldhouse  
 Edinboro University  
 Edinboro, PA 16444

Questions? Contact.

Camp Director

Melissa Soboleski

W) 814-732-1831

email: msoboleski@Edinboro.edu

Jennifer Ax

W) 814-732-1832

e-mail: jax@edinboro.edu

### GENERAL SKILLS & SPECIALTY CAMP

Name: \_\_\_\_\_ Grade Next Fall: \_\_\_\_\_ School: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Home Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_

T-Shirt size S( ) M( ) L( ) XL( ) email: \_\_\_\_\_

Position \_\_\_ Setter \_\_\_ Middle \_\_\_ Libero \_\_\_ Outside Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Additional Emergency Name \_\_\_\_\_ and Phone Number \_\_\_\_\_

#### Waiver and release

I approve of \_\_\_\_\_ participation in the Fighting Scots Volleyball Camps and certify she/he is in good health and able to participate in camp activities. If medical attention is required for an injury or illness during the camp, I accept responsibility for payment of all expenses and liabilities and give permission for such care. The host campsite and the Boro Volleyball Camp staff do not provide medical or accident insurance to volleyball camp participants. I agree on behalf of myself and my minor child(ren) to release and discharge host camp site and the Boro Volleyball Camp Staff, its officers, representatives and employees from any and all liability and claims arising out of or in anyway connected with the said Volleyball Camp. The applicant hereby assumes all risk of injuries or damages to the person on behalf of myself and minors to which I am a parent or guardian, which might occur as a result of participation in the Volleyball Camp. I agree to abide by the regulations for operation of the facilities used for the Volleyball Camp, and regulations for the registered individual activity. I further hereby agree to indemnify and hold harmless the host camp site and Boro Volleyball Camps staff, its officers, representatives and employees, from any and all liability that may occur to myself or members of any immediate family in any Volleyball Camp activity. This indemnification is to include and is not necessarily limited to any and all costs of litigation, medical expenses, judgement or subrogation Interests. We will consider your application for registration as acceptance of the above items. The signature of parent, guardian below accepts this waiver and its terms.

(Parent or Guardian Signature) Date: \_\_\_\_\_