



# Volleyball Skills Camp

## Summer 2017

### Held at:

Marquette University High School  
3401 W. Wisconsin Ave.  
Milwaukee, WI 53208

### Coached By:

Eric Sullivan  
MUHS Volleyball Coach

### Contact:

esullivan14@yahoo.com

## Camp Objective

This camp allows participants to improve their basic volleyball skills through movement training and specific fundamentals in all areas of the game.

### Camp Activities:

- Footwork
- Setting
- Passing
- Serving
- Hitting
- Blocking



## Camp Details

### Camp Dates:

July 24 - July 27

### Camp Times:

Session 1 (entering 6th-8th grade): 4:00 p.m. - 6:00 p.m.

Session 2 (entering 9th-12th grade): 6:30 p.m. - 8:30 p.m.

### Cost:

\$105

### Additional details:

- Each athlete will receive a camp t-shirt.
- An athletic trainer will be on site.
- Limited to 36 athletes. Don't wait!
- Entry deadline July 3, 2017

### Contact:

esullivan14@yahoo.com

Detach and return the following with your check.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grade in Fall 2017: \_\_\_\_\_ School Attending: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_  
Session Attending: \_\_\_\_\_ Men's Shirt Size: \_\_\_\_\_

Make Check Payable to: Marquette University High School  
Mail to: Marquette University High School  
Attn. Eric Sullivan  
3401 W. Wisconsin Ave.  
Milwaukee, WI 53208

**Health Insurance Coverage:** Each camper should be covered by a parent or guardian's health insurance policy. Anyone participating in interscholastic athletics or competitive club sports must have health insurance. All athletes must be protected with personal health insurance in case of injury. Marquette University High School does not provide health insurance coverage for athletes. In any sport, especially contact sports, there is a risk of injury. Injuries to organs, paralysis and even death may occur. Students without health insurance may not practice or compete in any sport.

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Please list any health concerns/allergies of which we should be aware: \_\_\_\_\_