ALL MS & HS BOYS INVITED TO ATTEND, BUT PRIORITY IS GIVEN TO PLAYERS BORN IN 1993 OR LATER IF WE REACH OUR CAP IN ATTENDEES

IOWA BOYS HP CAMP – WILLIAM PENN UNIVERSITY, OSKALOOSA, IA

Iowa High Performance - Boys

2011 Iowa HP – Boys Camp

Date: June 13-14
Site: William Penn Univ., Oskaloosa, IA
Cost: $150 (includes room, board, t-shirt) + IA Region membership*

Iowa HP invites male volleyball players born in 1993 or later to apply to attend a 2-day volleyball camp in conjunction with the Iowa HP girl's camp. Sam Shweisky, head men's volleyball coach at Princeton, will lead the Iowa Boys HP camp, assisted by experienced coaches from Iowa.

Players will take part in 2-3 sessions per day, practicing skills as well as scrimmaging in game-type situations. Players who attend camp may have the opportunity to be selected to compete with the HP boys travel team.

The Iowa Boys HP Camp has 25-50 openings, available on a first come-first serve basis to those who apply and pay the camp fee.

Questions? Contact us!

Kurt Trout, HP Director
319-621-5772
hp@iavbreg.org

Michelle Goodall, HP Co-Coordinator
515-229-6114
michelle@iavbreg.org

Iowa Volleyball Region
515-727-1860
colleen@iavbreg.org

*USAV-Iowa Region Membership is required for all camp attendees for insurance purposes. If you played on a club team or took part in Iowa Region events during the club season, that membership is good for HP Camp. If you have not taken part yet, a "summer" membership will be available after May 1 for $15.

Instructions for Application

1. Complete and send to the Iowa Region the application form and medical release.
2. A short cover letter indicating why you want to be involved, and how you will contribute to Iowa HP.

Send Completed Application Materials to:

Iowa Volleyball Region
Iowa HP Boys
4600 Park Ave., Suite 201
Des Moines, IA 50321
Fax: 515-727-1861
Or email to: colleen@iavbreg.org

Iowa High Performance
2011 Boys Application

Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Hand: Right____Left____ Height: _____ HS Grad Year? _____

USAV Membership Number: _____

To allow our coaches to match the skills/instruction level they are teaching to the general level of the camp attendees, please answer the following questions.

1) List any volleyball experience that you have.

_____
_____
_____
_____
_____

2) What do you hope to accomplish by attending Iowa HP Boys camp?

_____
_____
_____
_____
_____

3) Do you have a preferred volleyball position (eg: setter, libero, outside hitter, middle hitter) that you play?

_____
_____
_____
_____

Checklist to Apply for Iowa Boy's HP Camp:

Send In:

☑ Application Form

☑ Medical Release

☑ $150 Camp Fee

Also make sure you have a current Iowa Region-USAV membership

THIS FORM IS TO BE CARRIED TO ALL SACNTIONED COMPETITIONS & PRACTICES.

2011 USA YOUTH & JUNIOR OLYMPIC VOLLEYBALL PLAYER MEDICAL RELEASE FORM

This **must be** completed – legibly – and signed in all areas by both the player and his/her parent or guardian.
By signing this form the participant affirms having read it.

NAME:_____
Last Name First Birth Date Age Gender

Primary Contact: Parent or Guardian Name:_____
Address: _____City, St, Zip:_____
Phone: (_____)_____ Alternate Phone: (_____)_____

Secondary Contact: ____**Parent /Guardian** ____**Other** Name:_____
Phone: (_____)_____ Alternate Phone: (_____)_____

Primary Insurance Co:_____ Primary Group/Policy _____
Family Physician Name:_____ Physician Phone: (_____)_____

*If none, please write- **None***
Elaborate on **ANY MEDICAL CONDITION** of which we should be aware:

Any **MEDICATIONS** currently being taken:

Any **ALLERGIES**:

Participant's Signature:_____ **Date:** _____

Parent or Guardian of Athletes under 18 years of Age **read and sign sections below**

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.
Parent or Guardian Signature:_____ **Date:** _____

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **AUTHORIZE** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Parent or Guardian Signature:_____ **Date:** _____

Sign above **OR** Sign below

I DO NOT AUTHORIZE emergency medical/dental car for my daughter/son.

Parent or Guardian Signature:_____ **Date:** _____