



2017 High School Individual Skills Camp

June 20th-22nd; 9am-12pm Grades 8-12

Volley Academy's founder, **Kelly Audia**, has an extensive background in volleyball including club, high school and NCAA Division I coaching experience. He has trained hundreds of players from beginners to All-Americans.



Tami Audia is a former NCAA Division I volleyball player and head coach. Her training resume includes 14 All-Americans, 24 All-Conference Team members, five Players of the Year, two Setters of the Year and two Rookies of the Year.

Volley Academy Individual Skills Camp Philosophy

Volley Academy is dedicated to providing an outstanding camp/clinic for players of all levels. Each individual skills camp is limited in space to 40 players. The camp consists of skills training in attacking, serving, passing, setting, ball control, blocking, digging, and floor skills as well as various fun competition formats.

All preregistered campers receive a t-shirt. Campers should arrive 30 minutes before the camp begins for final registration on the first day and no earlier than 30 minutes prior to camp on subsequent days. Players should wear proper volleyball attire including athletic shoes and knee pads when possible. Please bring water and a light snack for the 15 minute break.

Camp Location: Pontiac Township High School

Day 1 Schedule	Day 2 Schedule	Day 3 Schedule
9:00-9:15- Warm Up BH	9:00-9:15- Funda15	9:00-9:15- Funda15
9:15-9:45- Approach	9:15-9:45- Armswing	9:15-9:45- Serve/Pass
9:45-10:15- Digging	9:45-10:15- Serving	9:45-10:15- Dig/Set/Attack
10:15-10:45- Blocking	10:15-10:45- Passing	10:15-10:45- Team D Games
10:45-11:15- Floor Skills	10:45-11:15- Setting	10:45-11:15- Team O Games
11:15-11:30- Break	11:15-11:30- Break	11:15-11:30- Break
11:30-12:00- Competitions	11:30-12:00- Competitions	11:30-12:00- Competitions

For more information, visit
www.volleyacademy.com

2017 High School Individual Skills Camp Registration

Please register online at www.volleyacademy.com
AND return this form with full payment on the first day of camp.

Make checks payable in the amount of **\$75** to:

VOLLEY ACADEMY

Name: _____
 Age: _____ Grade: _____ Position: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 High School: _____
 Parent's Name: _____
 Phone (Home): _____
 Phone (Cell): _____
 Parent Email: _____
 Adult T-Shirt Size: S M L XL
 Session Dates: _____

RELEASE & WAIVER

In consideration of my child's participation in Volley Academy camps, I do hereby, for myself, my child/dependent, my heirs and executors, waive, release and forever discharge all rights and claims for damages and/or injuries for which I or my child/dependent may have, or may hereafter accrue to me or my child/dependent against Volley Academy and its employees and agents, and the various gym sites, for any and all injuries and/or damages which may be suffered by my child/dependent in connection with my child's/dependent's participation. Additionally, I hereby provide a grant of license and release to use the name and photograph of my child as required to publicize the camp for a period of two years from the date of the camp. I have read and understand the release and waiver of claims statement and fully agree with the provisions of this document.

Signature of Parent/Guardian Date

Name of Child/Dependent