

# OLYMPIA-CAPITAL VOLLEYBALL CAMP

June 24 - 26

Two Sessions

High School & Middle School

**Camp Directors:** Laurie Creighton & Katie Turcotte have a combined 50+ years of coaching experience. Coach Turcotte's last two Capital teams placed 1<sup>st</sup> and 3<sup>rd</sup> at 3A State. Coach Creighton's Olympia teams have 15 state trophies, two state championships and a 6<sup>th</sup> place at the 2018 4A State Championships.

## Session I At Capital H.S.

For players entering grades 9-12

June 24<sup>th</sup> - 26<sup>th</sup>                      8:30am - 1:00pm

Sessions will cover the fundamentals of passing, setting, blocking, attacking, serving and individual & team defense/offense; plus:

- \*Daily scrimmages
- \*Camp tournament
- \*Daily awards and drawings

Staff will include high school coaches, current & former college players and former OHS/CHS players.

**Cost: \$75**

**After June 10<sup>th</sup> - \$85**  
(both include t-shirt)

**Session is limited  
Sign up early!**

## Session II At Capital H.S.

For players entering grades 6-8

June 24<sup>th</sup> - 26<sup>th</sup>                      1:30pm - 5:30pm

Sessions will cover the fundamentals of spiking and setting with an emphasis on passing and serving. Basic offensive and defensive systems will be included and utilized. Players will be challenged at their level of ability; plus:

- \*Daily scrimmages
- \*Camp tournament
- \*Daily awards and drawings

Staff will include OHS/CHS coaches and varsity team members.

**Cost: \$65**

**After June 10<sup>th</sup> - \$75**  
(both include t-shirt)

**Session is limited  
Sign up early!**

### Camp includes:

- \*12-13.5 hour, of instruction
- \*Camp Awards
- \*Participation Certificates
- \*Complimentary daily juice
- \*Daily prize drawing

### Campers should bring:

- \*Kneepads, court shoes & a snack

### Camp goals & philosophy

The staff of the O.C. Volleyball Camp is committed to creating a positive atmosphere in which each camper is encouraged to reach her/his potential. We focus on the maximum number of quality ball contacts. In addition, our goal is to give a high level of attention through our low camper to coach ratio. Finally, we expect players to learn and have fun!

Questions? Contact: Laurie Creighton at [lcreighton@osd.wednet.edu](mailto:lcreighton@osd.wednet.edu)  
Or: Katie Turcotte at [kturcotte@osd.wednet.edu](mailto:kturcotte@osd.wednet.edu)

## 2019 Olympia/Capital Volleyball Camp Registration

**Circle the session attending**

**Session I (H.S.)**

**Session II (M.S.)**

Player name \_\_\_\_\_ Grade entering fall of '19 \_\_\_\_\_ School \_\_\_\_\_

Parent Emergency Contact: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

T-shirt size (adult sizes, circle one)      S      M      L      XL

My child \_\_\_\_\_ has my permission to participate in the Olympia/Capital Volleyball Camp, held at **CAPITAL** High School, June 24-26, 2019. I have reviewed the itinerary and rules concerning this activity and give permission for my child to participate.

### **Release of Liability**

I expressly recognize that my child is responsible for his/her behavior and that all school rules of conduct apply while participating. I agree to hold harmless and indemnify the Olympia School District from all claims that might be filed against the school or Olympia School District, it's hired or contracted employees, instructors, officials, or agents, for any and all injuries or losses that may be suffered because of my or my child's participation in the above activity. I consent to my child's participation in the activity/program and authorize the Olympia School District employees or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other condition(s), which would interfere with his/her participation.

\_\_\_\_\_  
Printed name of Participant

\_\_\_\_\_  
Participants Age/Grade

\_\_\_\_\_  
Signature Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Checks for Oly/feeder school players payable to:**

*OHS ASB Volleyball*

**Send to: Laurie Creighton**

*Olympia H.S.*

*1302 North*

*Olympia, WA 98501*

**Checks for CHS/feeder school players payable to:**

*CHS ASB Volleyball*

**Send to: Katie Turcotte**

*Capital H.S.*

*2707 Conger Rd. NW*

*Olympia, WA 98502*

**Enclosed: \_\_\_ cash or \_\_\_ check**

**There will be a \$15.00 fee for cancellations**

**\*\*Please sign both portions (above & below) and submit with payment\*\***

### **CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT**

The purpose of this acknowledgement form is to confirm that you have read and understand the information provided you related to potential concussion and head injuries occurring during participation in athletic programs.

I, \_\_\_\_\_, as **student** at \_\_\_\_\_ and I, \_\_\_\_\_,  
(please print name) (school name) (please print name)

as a parent/legal guardian of the above-named student, \_\_\_\_\_, have read the information material provided to  
(please print name)  
us by the Olympia School District related to concussions and head injuries occurring during participation in athletic programs and understand its contents and warnings.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Name of Parent/Legal Guardian

\_\_\_\_\_  
Date