

# 2023 Volleyball Camp

Directed by Kim Davis, UNI Assistant Coach



Native of Carroll, Iowa, and former UNI Panther standout Kim Davis is in her 21st year as assistant coach for University of Northern Iowa.

This camp is designed to teach beginner to advanced athletes the skills and techniques of volleyball. Sessions will include general skill instruction, specialized skill instruction, and team competition. The camp is for any boy or girl who will be entering 3rd-8th grade in the fall, and any girl who will be entering 9th -12th grade in the fall. This camp is open to any and all entrants (limited only by number, age, grade level, and/or gender) as required by the NCAA rules. All camps will be held at a The Volleyball Factory 2060 W River Drive Davenport IA 52802

Entering Grades (Fall 2023)	Dates	Times	Cost
\$100	Grades 9 <sup>th</sup> -12 <sup>th</sup>	June 5 <sup>th</sup> & 6 <sup>th</sup>	10am-12:30pm
\$80	Grades 6 <sup>th</sup> -8 <sup>th</sup>	June 5 <sup>th</sup> & 6 <sup>th</sup>	1:00pm-3:30pm
\$60	Grades 3 <sup>rd</sup> -5 <sup>th</sup>	June 5 <sup>th</sup> & 6 <sup>th</sup>	3:30pm-5:00pm

Please register by Wednesday May 31<sup>st</sup>

Register at [www.iowaselectvbc.com](http://www.iowaselectvbc.com)

**PLEASE PRINT, FILL OUT, SIGN, DATE THIS FORM AND BRING IT TO CAMP(REQUIRED)**

Questions? Contact Brian Schubert [midwestvbc@yahoo.com](mailto:midwestvbc@yahoo.com)

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Student Name \_\_\_\_\_ Grade Entering (2023/24): \_\_\_\_\_

Parent Email Contact: \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### RELEASE & MEDICAL AUTHORIZATION

I hereby give permission to the instructors of this camp to act on my behalf in assessing & providing, if necessary, medical attention to the following named person \_\_\_\_\_ In the event of an injury or emergency. I hereby release Iowa Select Volleyball Club and all employees of the QC VB Factory from all claims resulting from injuries, which may be sustained by daughter or ward, while attending these camps. I have no knowledge of any physical impairment that would affect my child's participation in the camp(s) as outlined. By signing below, I certify that I have read the above statement.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_