



Hokie Women's Volleyball Camp

REGISTRATION PACKET

Thank you for Registering for the the Hokie Women's Volleyball Camp at VIRGINIA TECH!

We want you to have a fun and safe experience, filled with learning and improvement! The information contained in this packet is extremely important, so please read through it thoroughly, fill out the enclosed forms, and please call us if you have any questions at 540-231-3991 or at 540-808-7666, and ask for Jayme Gergen.

WHAT PARENTS SHOULD KNOW:

REGISTRATION AND CAMPER MOVE IN

Session 1 Setter/Hitter/Libero Saturday, July 7th

Resident and Commuter Campers register between 8:30am-9:30am in the Concourse of Cassell Coliseum.

Session 2 Nike General Skills/High Potential Thursday, July 19th

Resident and Commuter Campers register between 12:00pm-1:00pm in the Concourse of Cassell Coliseum.

Session 3 All-Skills Day Camp Monday, July 23rd

Commuter Campers register between 8:30am-9:00am in the Concourse of Cassell Coliseum.

Session 4 Team Skills Camp Thursday, July 26th

Resident and Commuter Campers register between 4:00pm-5:00pm in the Concourse of Cassell Coliseum.

Session 5 Team Competition Camp Sunday, July 29th

Resident and Commuter Campers register between 4:00pm-5:00pm in the Concourse of Cassell Coliseum.

DIRECTIONS

Take Interstate 81 to exit 118B Blacksburg/Virginia Tech. Follow Route 460 West, stay under signs to Blacksburg. At Southgate Rd. (first stoplight you come to) take a right. Take a left at the first stoplight you come to onto Spring Road (runs along Lane Football Stadium). Turn left into parking lot across from Cassell Coliseum (looks like a spider).

CAMPER CHECK OUT

Session 1 Setter/Hitter/Libero Sunday, July 8th

The last Session will run from 1:30pm-4:00pm on the last day of camp at Cassell Coliseum/War Memorial. *Parents are encouraged to attend!* Resident campers check-out after 4:00pm in their dorm lobby. Commuter Campers leave directly from Cassell Coliseum.

Session 2 Nike General Skills/High Potential Sunday, July 22nd

The last Session will run from 1:30pm-4:00pm on the last day of camp at Cassell Coliseum/War Memorial. *Parents are encouraged to attend!* Resident campers check-out after 4:00pm in their dorm lobby. Commuter Campers leave directly from Cassell Coliseum.

Session 3 All-Skills Day Camp Thursday, July 26th

The last Session will run from 9:00am-12:00pm on the last day of camp at Cassell Coliseum. *Parents are encouraged to attend!* Commuter Campers leave directly from Cassell Coliseum.

Session 4 Team Skills Camp Sunday, July 29th

The last Session will run from 9:00am-12:00pm on the last day of camp at Cassell Coliseum/War Memorial. *Parents are encouraged to attend!* Resident campers check-out after 12:00pm in their dorm lobby. Commuter Campers leave directly from Cassell Coliseum.

Session 5 Team Competition Camp Wednesday, August 1st

The last Session will run from 9:00am-12:00pm on the last day of camp at Cassell Coliseum/War Memorial. *Parents are encouraged to attend!* Resident campers check-out after 12:00pm in their dorm lobby. Commuter Campers leave directly from Cassell Coliseum.

Campers must have arrangements made for pick-up. There will be no camp staff available past check out.

HEALTH AND SAFETY

You must bring the COMPLETED HEALTH FORM in this packet to registration. YOUR CAMPER CANNOT BE ADMITTED WITHOUT THIS FORM! High Potential Volleyball Camps will provide an athletic trainer on-site at all times. Drugs, alcoholic beverages, and cigarettess are strictly forbidden and constitute, along with general misconduct, **grounds for immediate dismissal from camp without a refund or a camp credit.**

CAMP BANK

We will have snacks available for campers throughout the camp day, as well as in the dorms at night. Parents may deposit money into the camp bank for campers to use to purchase t-shirts, hats, snacks, or pizza from the camp store. We recommend \$15 a day for spending money. Payment can be accepted in the form of cash or check made out of High Potential Camps.

TRAVEL

Transportation to and from the airport is available for a \$45 fee. Use of cars during camp session is not allowed. Parking passes will be available at registration (further detailed on the next page).

LOST ROOM KEY CHARGE

There is an \$80 charge for lost dorm keys. High Potential Volleyball Camps reserves the right to charge the received account information \$80 for any lost dorm keys. A camp official will inform you before any charges are made. **IF WE ARE CHARGED YOU WILL BE CHARGED.**

CHECKLIST OF THINGS TO BRING

Below is a suggested list of clothes, equipment and personal items. High Potential Volleyball Camps IS NOT responsible for lost or stolen articles or money. **DO NOT** bring valuable items like radios, expensive cameras, cell phones, cd players etc to camp with you. We recommend that you do not send unnecessary items of clothing, which can get lost, and don't forget to label every article of clothing and equipment.

RESIDENT CAMPERS

*HEALTH FORM

***FAN(S)**: the dorms are not air-conditioned and it can get a little warm depending on the weather. Bring a fan.

***LINENS AND BLANKET and/or sleeping bag**

***PILLOW WITH PILLOWCASE**

***TOWEL(S)**

***SHOWER SHOES**

***ALARM CLOCK**

- T-shirts
- Shorts or spandex
- Pairs of socks
- Shoes
- Water bottle
- Pair of kneepads
- Pajamas
- Underwear and socks
- Toilet/personal items
- **Sun Block**

COMMUTER CAMPERS

Make sure you bring your **Health Form**, a pack with spare shirts, shorts, and socks. Pack a **WATERBOTTLE**, sweats (if appropriate), spare shoes or sandals. Again, High Potential Camps is not responsible for lost or stolen articles. Don't bring unnecessary items with you to camp.

MEALS

For **RESIDENT CAMPERS**: Breakfast, lunch and dinner are all provided for the duration of camp. There will also be a camp store in the dorms where you can purchase pizza and snacks in the evenings.

For **COMMUTER CAMPERS**: You will eat breakfast at home and you will join the resident campers for lunch and dinner for the duration of camp. The camp store will also be open before camp starts in the morning, as well as during and in between sessions all day. Feel free to bring spending money for t-shirts, hats, and snacks.

For the **ALL-SKILLS DAY CAMP**: Meals will not be provided for this camp. Campers are responsible for **BRINGING YOUR OWN LUNCH**. The camp store will also be open before camp starts in the morning, as well as during and in between sessions all day. Please feel free to bring spending money for t-shirts, hats, and snacks.

CAMP SCHEDULE

Camp will run from 9:00 in the morning until 9:00 at night for **OVERNIGHT CAMPS**. Commuter campers need to meet in Cassell Coliseum no later than 8:40AM, and need to be picked up at 9:00PM. *Commuter camper pick up will take place in front of Cassell Coliseum in the oval drive at 9:00 PM.* Both Commuter and Resident Campers need to be dressed and ready to go by 8:45

and on the floor warming up. **ALL-SKILLS DAY CAMP** will run from 9:00AM until pickup at 4:00PM. *Day camper pick up will take place in front of Cassell Coliseum in the oval drive at 4:00 PM.* All campers will receive a camp itinerary at registration.

IMPORTANT VISITOR PARKING INFORMATION

If campers, parents, or other family members are going to be parking on campus on a week day for any extended amount of time (ie: longer than dropping off a camper, picking up a camper, or longer than the duration of registration and resident camper move in) they will need to pick up a visitors parking pass. We will have these passes at check in which will be held in front of Cassell Coliseum. If parents do not pick up a parking pass at check in they will need to pick one up at the Visitors Center.

The Visitors Center is located on Southgate Dr., a quarter of a mile after turning off of 460. The building is on the right hand side of the road across from the baseball stadium. It is a little house. Make sure you take in your driver's license and your vehicle plate information.

You **MUST** have a parking pass to park in the Cassell lot after your registration time is over, or you may receive a parking ticket. This parking permit will allow you to park in the parking lot across from the Coliseum in areas marked C/G NOT F/S. Again make sure you park only in the C/G spaces or you run the risk of getting a parking ticket. Also make sure you steer clear of metered spaces and no parking zones.

Parking is free on Saturday and Sunday in front of the Coliseum, so if family is interested in watching on the weekend, obtaining a parking pass is not necessary.

DIRECTIONS TO WAR MEMORIAL

Every camper **EXCEPT THE ALL-SKILLS DAY CAMPERS** will have sessions in both Cassell Coliseum and War Memorial Gymnasium. If you are coming to watch, and your camper is in War Memorial; park your car in the Cassell Coliseum parking lot and head toward Cassell Coliseum. Walk up the steps and take a left onto the Cassell Sidewalk. Cross Washington Street (away from Lane Stadium). Cross Washington Street and follow sidewalk markings to War Memorial Gymnasium.

HIGH POTENTIAL VOLLEYBALL CAMPS
HEALTH AND RELEASE FORM
YOU MUST BRING THIS FORM WITH YOU TO CAMP
CAMPER CANNOT BE ADMITTED WITHOUT THIS FORM

CAMPER NAME: _____ CAMP DATES: _____

Sex (circle): F M Birthday: ___/___/___ Age: _____ Weight: _____ Height: _____

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

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Emergency contact if I cannot be reached: _____ Phone Number (____) _____

HEALTH AND GENERAL MEDICAL HISTORY

If the camper should be restricted on any activities please note: _____

If the camper is TAKING ANY KIND OF MEDICATION during camp please note the drug and the dosage:

Please note any medical condition or medical history that would require special attention:

I hereby certify that the named camper is in good health and fully able to participate in all activities of the High Potential Volleyball Camps. My camper has no known restrictions, or any other facts, that may limit her/him from participation.

Signed: _____ **X Date:** _____

Please circle those illnesses or conditions that the camper has had:

German Measles Measles Mumps Asthma Chicken Pox Pneumonia Diabetes High Blood Pressure

IMMUNIZATIONS (dates): ALLERGIES: _____ DRUG REACTIONS: _____

Tetanus Toxoid: _____ _____ _____

Tuberculin Test: _____ _____ _____

Measles: _____ _____ _____

Rubella: _____ _____ _____

Mumps: _____ _____ _____

I HAVE READ THE REGISTRATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF HIGH POTENTIAL VOLLEYBALL CAMPS, AND HERBY AGREE IN ACCORDANCE. I further understand that High Potential Volleyball Camps retains the right to use phontographs of campers taken at camp for future High Potential Volleyball Camp Promotion.

Signed _____ **X Date:** _____

WAIVER & RELEASE

I do hereby acknowledge and understand that my camper's participation is purely and entirely voluntary, and that there are certain substantial and inherent risks involved in the sport. I further acknowledge that the camp shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities which my camper may encounter or sustain as the result of such participation. I understand that the camp will require strenuous exercise, and so requires my camper to be in peak physical condition. I understand the nature of potential risks from injury, and I agree to accept those risks. The camp director has permission to seek medical attention for my camper, and I grant permission for the physician and staff at Virginia Tech or other designated physicians to provide medical treatment in the event of injury or sickness. I understand that every attempt will be made to contact me. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

I, the parent (guardian), do hereby agree to the above waiver and release.

Name of Participant (print please) _____

Signature of Participant **-OR-** Parent/Guardian (if participant is under 18) _____ **X**

Date _____

* Parent or Guardian will be contacted in case of emergency.

HEALTH INSURANCE INFORMATION

Health Insurance Company: _____

Policy/ID Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____ / _____ / _____