



KENNEDY VOLLEYBALL

THE COMPLETE ATHLETE CAMP

*...because we know training is the opposite of hoping, and this ain't no wishing game.
Train Hard...Win Easy*

**Monday through Thursday mornings at 7am
7-week session beginning Monday June 14th**

\$75/individual for the summer

Complete Athlete Camp includes: strength training, conditioning,
SoloSpike training, and volleyball skill work

- Strength training: Participants will be trained in proper lifting form and will be complete full body strength training and core development.
- Conditioning training: Athletes will be training in movement, speed, power, agility, jumping, proper body positioning, as well as injury prevention & stability.
- SoloSpike training: Athletes will be trained on the SoloSpike equipment at least 1 session per week.
- Volleyball skill work: Campers will train volleyball specific skills in small group settings at least 1 session per week.

**Please note: to gain full benefit of this training program, it is expected that you participate in all phases and sessions.*

NAME: _____ **T-SHIRT SIZE:** S M L XL XXL

EMERGENCY NUMBERS: _____

GRADE (in Fall): _____ **IMPORTANT MEDICAL INFORMATION:** _____

My child has permission to attend the KHS VB "Complete Athlete Camp". Enclosed is the \$75 enrollment fee. I understand that Kennedy High School, the camp staff, or anyone connected with the camp does not assume any responsibility for accidents, medical, dental or other expenses incurred as a result of attendance at this camp. I authorize camp coaches and the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical condition that would be affected by the above named camper's participation in the camp. I have listed any relevant medical information. I further understand that the camp does not provide any health insurance coverage.

*****PARENT OR GUARDIAN SIGNATURE:** _____

\$75 CAMP FEE for KHS Volleyball participant. CHECKS PAYABLE TO: Michelle Goodall
MAIL TO: COACH GOODALL—504 41ST STREET NE, CEDAR RAPIDS IA 52402-5652
OR, DROP OFF TO KENNEDY ACTIVITIES OFFICE

FOR OFFICE USE: date received: _____ cash: _____ check #: _____