

2024 Scott Kneifl, Kim DePew, and Katie Morris Volleyball Camps

Coach Scott Kneifl, Kim DePew, and Katie Morris will COME TO YOUR HIGH SCHOOL and put on a summer satellite volleyball camp. One of the coaches, along with some players will travel to your high school to train your team. All fundamentals will be covered and specific skills you want to focus on will be the main priority of your camp. Your camp can be split into elementary, middle school, and high school sessions, or you can combine any of the ages. It is possible to include a session for younger players. We reserve the date for your camp specifically and ask for a **minimum of 20 girls** to be present, or we have to charge the difference.

****Checks payable to the COACH running your clinic****

2 day/4 sessions= \$150/player (INCLUDES SHIRT)

1 day/2 sessions= \$75/player (INCLUDES SHIRT)

If you are interested in a camp at your school, contact either head coach Scott Kneifl at sckneifl@wsc.edu, 402-375-7303 or assistant coach Kim DePew at kiedwar1@wsc.edu, 402-375-7560.

****This camp is not affiliated with Wayne State College Athletic Camps****

(Coaches please fill out the section below and make copies of the section on page 2 for each player to fill out)

School/Location of Camp- _____

Head Coach- _____ **Dates of Camp-** _____

Head Coach's Email- _____ **Phone #-** _____

Number of sessions/hours/days of camp- _____

Number of campers/camp- _____

Specific skills/fundamentals needing special focus- _____

EACH PLAYER ATTENDING CAMP MUST FILL OUT THE BELOW FORM
CHECKS PAYABLE TO THE COACH RUNNING YOUR CAMP

Name _____ T-shirt Size: S M L XL XXL(circle one)
Birthdate _____ Grade Entering _____ Amount Paid _____

Medical History:

Medical conditions currently under treatment/Medical disorders or convulsions _____

Preexisting injuries under treatment _____

Fractures or other disability-type injuries _____

Allergies (drugs, food, asthma, etc.) _____

Medications required or presently taking _____

I do hereby release the Scott Kneifl, Kim DePew, Katie Morris, and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, illness, or loss (personal property or other). I acknowledge that COVID-19 is a public health risk, and Scott Kneifl, Kim DePew, Katie Morris, and camp personnel cannot guarantee safety or immunity from infection, and that I am electing to participate in the Scott Kneifl, Kim DePew, and Katie Morris Volleyball Camp. I further voluntarily assume all risks associated with my participation including the risk of exposure or infection with COVID-19. The signatures below absolve Scott Kneifl, Kim DePew, and Katie Morris of all responsibility for loss of personal property. Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the Scott Kneifl, Kim DePew, and Katie Morris Volleyball Camp. I hereby authorize the staff of Scott Kneifl, Kim DePew, and Katie Morris Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention. As a parent/guardian I must make arrangements to remove my child from camp as soon as I have been notified of my child's condition.

Participant

Parent (signature required for all participants)

Date