Join us this August for our first annual camp and clinics! We are offering a Middle School Camp for girls and boys to introduce new players to volleyball and High School Clinics for girls offering skill-specific instruction and lots of repetitions in preparation for the high school season. Players of all levels are welcome.

**Middle School Camp: 2:00pm-3:45pm**

The Middle School Camp will introduce players to all skills over the course of the three days including hitting, passing, setting, and serving. In addition to skill work players will learn the rules of the game and scrimmage at the end of the camp.

**High School Clinics: 4:00pm-6:00pm**

Tuesday 8/13: Hitting
This clinic will give players repetitions and instruction in hitting, including armswing, footwork/approach, timing and hitting against a block. All positions and skill levels welcome—players will be divided by ability.

Wednesday 8/14: Passing
This clinic will focus on passing and defense. Players will work in both controlled and live situations. All positions and skill levels welcome—players will be divided by ability.

Thursday 8/15: Serving/Team Drills
At this clinic players will spend time refining their serve, and play games at the end. The staff will work with players on any type of serve they want: float serve, jump float serve, or jump topspin serve. All positions and skill levels welcome—players will be divided by ability.

**Conditioning Clinics: 6:00-6:45pm**

Coach Braelan O’Toole will lead players through a 45 minute workout to get ready for tryouts and preseason!

**Cost:**
Middle School Camp: $60 for all 3 days
High School Clinics: $60 for all 3 days
Conditioning Clinics: $25 for all 3 days

**Location:**
Alumni Gym at Bates College
130 Central Ave.
Lewiston, ME 04240

**Staff:**
The camp and clinics will be lead by Bates Head Volleyball Coach Margo Linton and Bates Assistant Coach Braelan O’Toole.

Questions? Please contact Margo Linton at 207-755-5954 or mlipton@bates.edu. Also please contact us to learn more about private clinics and lessons.

Sign up today, spots are limited!
Bates Volleyball Camps and Clinics
Registration Form

Middle School Camp
☐ $60 August 13-15, 2:00-3:45pm
High School Clinics
☐ $60 August 13-15, 4:00-6:00pm
Conditioning Clinics
☐ $25 August 13-15 6:00-6:45pm

Total: __________
A deposit of 50% of total tuition (cash or check, check payable to Bates Volleyball Camp) must accompany each application. The remaining balance is due on the first day of camp.

Amount Enclosed: __________
Please send completed form with check to: Margo Linton, 130 Central Ave. Lewiston, ME 04240

Camper Information
First Name: ____________________ Last Name: ____________________
Address:__________________ City: ___________________ State: __________
Birthday: _____________ Gender: Male/Female (circle)
Grade Entering in Fall 2013: ________
Camper or Parent email address for confirmation: ________________________

Parent/Guardian Information:
Name(s): __________________________________________
Phone Number(s): _____________________________________
Emergency Contact Name (if different from above): _______________________
Emergency Contact Phone Number (if different from above): ________________

Parental Consent Form
I/We, the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the camper. I hereby give permission for the staff of the clinic, during the period of the clinic, to seek appropriate medical attention for the camper, the medical attention to be given, and for the camper to receive medical attention in the even of accident, injury, or illness. I will be responsible for any and all of the costs of medical attention and treatment and have medical insurance to cover these costs. I/We, the undersigned, for ourselves and as guardian(s) of __________________(camper) understand that volleyball is an active, physical sport, and that injuries can take place during play. I/We also understand there will be a number of children attending clinic, there will be a limited number of coaches and/or counselors, and that our child cannot receive individualized attention and supervision at all moments. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in volleyball activities. I/We, represent that I/We have sought the opinion of our child’s physician ____________________________ (camper’s physician), and he/she concurs that___________________________(camper) is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he is able to engage in such sport. I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bates College Volleyball Clinic its staff, officers, agents, employees representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in clinic activities, whether or not damages, injury, or loss is due to negligence.

Signature of Parent/Guardian                                                      Date