

**Registration**

Mail to:  
UVA-Wise Volleyball Office  
1 College Ave.  
Wise, VA 24293  
Or Fax to:  
UVA-Wise Volleyball Office  
(276)376-1023

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Special Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_

If in High School, School Attending:

Adult T-shirt size: \_\_\_\_\_

Camps Attending (Circle Each Session):

1 day/\$80 Team camp \$500 per team

**Individual Skills July 7th**

Setter/Middle Hitter July 11th

**Team Camp July 8-10th**

Total Amount Due for Camps: \$ \_\_\_\_\_

Cash or Check  only  
Make checks  to Steve  
Dallman Volleyball Camps

\_\_\_\_\_  
Signature of Parent or Guardian

UVA-Wise Volleyball Office  
1 College Ave.  
Wise, VA 24293

UVA-Wise Volleyball Camps  
**STEVE DALLMAN  
SUMMER CAMPS  
2008**  
Ages 8-18 (H.S. Senior)

**VOLLEYBALL CAMP  
DATES**

**INDIVIDUAL SKILLS**

JULY 7TH

9AM-4PM

**SETTER / MIDDLE HITTERS**

JULY 11TH

9AM-4PM

**TEAM CAMP**

**JULY 8-10TH**

9AM-4PM

**STEVE DALLMAN VOLLEYBALL**

**CAMPS**

**NAIA NATIONAL CHAMPIONSHIPS-**

**2007**

# CAMP DIRECTOR

**STEVE DALLMAN:** Coach Dallman is entering his third year as the UVA-Wise HeadCoach. Coach Dallman has coached over 14 years at the Div I Level at UMKC, Louisville, and Southern Miss He also has coached as an apprentice coach with the USA Women's National team and numerous club programs as the director. His staff will include other coaches and players of vast experience. The camp will offer a great opportunity for any girl who want to improve her skills and help her team. Basic volleyball skills are stressed in drills, and team play is incorporated to learn how all fundamentals fit in the game. The camp curriculum is designed to be fun and challenging with emphasis on small group instruction.

**VOLLEYBALL CAMPERS: EACH CAMPER WILL RECEIVE A BADEN VOLLEYBALL AND CAMP T-SHIRT. LUNCH IS NOT PROVIDED. FOR TEAM CAMP, ON CAMPUS HOUSING IS AVAILABLE. PLEASE COMPLETE MEDICAL INFORMATION AND SEND IN WITH REGISTRATION AND CAMP DEPOSIT**

NAIA National Championships  
2007  
Region 12 Champs-2007

# CAMP INFORMATION

## **INSTRUCTION:**

Along with Coach Dallman the instruction will be provided by the rest of the UVA-Wise coaching staff, local High School Coaches, and current and former UVA-Wise players.

### **INDIVIDUAL SKILLS AND SETTER /MH CAMP**

These camps will cover all the individual volleyball skills to make you a complete volleyball player. The setter/mh camp will provide total training of all technical aspects required for the setter and middle hitter positions.

### **TEAM CAMP**

Team camp will provide instruction on skills for your team and using your personnel to the highest level along with 10 or more games over the 3 days.

## **EQUIPMENT NEEDED:**

**BRING ALL NEEDED VOLLEYBALL EQUIPMENT INCLUDING KNEEPADS AND TENNIS SHOES.**

\*\*\*BE SURE TO LABEL ALL EQUIPMENT\*\*\*

## **LOCATION/ CHECK-IN:**

Registration and Check-in will begin 45 minutes prior to the start of the camp, and the registration table will be located in the lobby of Greer Gymnasium on the UVA-Wise Campus. Directions can be found online at the athletics web site.

**\*\*\* LIMITED SPOTS AVAILABLE \*\*\***

**\*\*\* REGISTER NOW \*\*\***

**SPONSORS:**

**ACTIVE ANKLES**

**BADEN**

**QUIZNOS SUBS**

# MEDICAL INFO

\_\_\_\_\_  
**CAMPERS NAME**

\_\_\_\_\_  
**PARENT/ GUARDIAN'S NAME**

I understand that my child may be injured while participating in this camp. I will not hold the coaches, medical staff, or the institution responsible for any injuries that may occur.

I give my permission for the medical staff at UVA-Wise, and any other appropriate medical personnel, to treat, transport, and give any and all medical help that they deem necessary.

\_\_\_\_\_  
**SIGNATURE/DATE**

## **EMERGENCY CONTACT INFO**

**IN CASE OF AN EMERGENCY, WE SHOULD CONTACT THE FOLLOWING DURING CAMP HOURS:**

\_\_\_\_\_  
**NAME 1**

\_\_\_\_\_  
**NAME 2**

\_\_\_\_\_  
**PHONE #**

\_\_\_\_\_  
**PHONE #**

## **INSURANCE INFORMATION:**

(PLEASE FILL OUT THE FORM, OR SEND COPY OF INSURANCE CARD)

\_\_\_\_\_  
**NAME OF INSURED**

\_\_\_\_\_  
**INSURANCE COMPANY**

\_\_\_\_\_  
**INSURANCE COMPANY PHONE #**

\_\_\_\_\_  
**INSURANCE COMPANY ADDRESS**

\_\_\_\_\_  
**POLICY #**

\_\_\_\_\_  
**GROUP #**