



Josh Steinbach Volleyball Camps

Villanova University
Jake Nevin Field House
800 Lancaster Avenue
Villanova, PA 19085

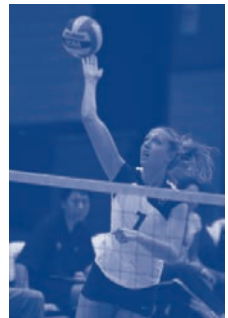
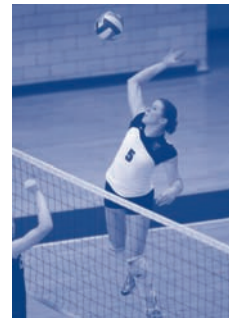
VILLANOVA
VOLLEYBALL



2009 Camps

Camp I - Team Tournament Camp
July 18 (High School Varsity Teams)
\$40.00/player
\$20.00/asst. coach

Camp II - Individual Skills and Competition Camp
Overnight/Commuter
July 27-31 (Grades 8-12)
\$475.00/Overnight
\$375.00/Commuter





Josh Steinbach Volleyball Camps Villanova University • www.villanova.com

Jake Nevin Field House • 800 Lancaster Avenue, Villanova, PA 19085 • (tel) 610.519.4137

Josh Steinbach Volleyball Camps

Josh Steinbach Volleyball Camps offer a valuable opportunity to improve your skills and to prepare yourself for your upcoming season. We are committed to improving your game!

Instruction and Coaching Staff

Our camps will provide outstanding, individual attention to each athlete.

Campers will be screened and divided into skill groups. Opportunities will be provided for progression between groups and for the exceptional player. Campers will be instructed by Villanova's Head Coach, Josh Steinbach, and the Wildcat coaching staff. Additional instructors will include current college volleyball players and high level club coaches. Camp II utilizes a coach to camper ratio of 1:8 and includes enrichment sessions with choices such as yoga, seminars, conditioning, swimming, etc. Athletic trainers are on staff during all of our camps.

Facilities

All camps will be held on the campus of Villanova University, conveniently located a short distance from Philadelphia on the Main Line. Campers will eat their meals in the campus dining facilities, which offer a variety of food options served buffet style, including a hot food line, salad bar, & sandwich station. Overnight campers will be housed in Villanova dorms.

Camp I Team Tournament Camp

July 18 (High School Varsity Teams)

9:00am - 5:00 pm

Check in begins at 8:15 am at Villanova's Jake Nevin Field House located on the corner of Lancaster and Ithan Avenues. 7 player minimum per team. Head Coach is included. Additional coaches are \$20 each. Morning session includes a coaches' clinic with Josh Steinbach and a players' clinic with camp staff. Afternoon session is a team tournament. Lunch is included for all participants.



Josh Steinbach (Camp Director)
Head Coach, Villanova Volleyball
2007 Big East Volleyball
Coach of the Year

Camp II Individual Skills and Competition Overnight/Commuter Camp

July 27 - 31 (Grades 8-12)

This camp provides campers with a complete volleyball camp experience. Campers receive extensive court time and individual attention with our 1:8 coach to camper ratio. Campers will focus on individual skills as well as competition and game strategy. In addition, campers will participate in a variety of enrichment sessions which are designed to improve their game (yoga, seminars, conditioning, etc.). Commuter campers do not miss any court or enrichment sessions. Commuter campers are at camp from approximately 8:30am to 8:30pm. Overnight campers will round out their camp experience by staying in the Villanova dorms. Supervision by female camp staff is provided overnight in the dorms. A camp athletic trainer is on campus 24/7. Transportation to and from camp is not provided.

Check-In/Check-Out - Camp II

Check-In for overnight campers will begin at 3:00 pm on July 27th at the main entrance to Sheehan Hall. Commuter campers will check-in from 4:30 - 5:00 pm in Jake Nevin Field House. Camp will begin with an evaluation session at 5:00pm. Dinner will be served to all campers the first evening. Camp will conclude on July 31st with a Closing Session/Awards Presentation in Jake Nevin Field House at 11:30 am. Parents may attend, if desired. Overnight campers must "move-out" of the dorms immediately following the closing session.

Transportation

For transportation from the Philadelphia International Airport or Amtrak's 30th Street Station please contact King Limousine. Dial 1-800-245-5460. Press 1 for reservations. Tell them you are with the Villanova Volleyball Camp to receive the 10% discount price of \$95.00 for a one-way trip. This price includes a sedan pickup at your baggage claim. All reservations must be made at least 48 hours in advance using a credit card.

Advanced registration and payment in full is required to assure placement in camps.

2009 Camp Application

Please Check:

_____ I. July 18 Team Tournament Camp (H.S. Varsity Teams) \$40.00/player
\$20.00/ asst. coach

_____ II. July 27-31 Overnight Camp (Grades 8-12) \$475.00
Commuter Camp \$375.00

Please make checks payable to: **JSVC, LLC**. Mail registration form and check to
Josh Steinbach Volleyball Camps, Villanova University, Jake Nevin Field House, 800 Lancaster Avenue, Villanova, PA 19085

NEW FOR 2009 – CREDIT CARD PAYMENT OPTION: Payment via credit card is only available with online registration (additional \$10 fee). Parents can complete the registration forms online and pay in full with a credit card. Go to www.villanovavolleyballcamp.com to register.

Receive \$50 multi-player per family discount for camp 2 or Villanova employees receive a \$50 discount for camp 2.

Name _____ Address _____
City _____ State _____ Zip _____ Home Phone _____ Age _____ Date of Birth _____
Grade (Fall 2009) _____ School _____
Position _____ Roommate Request (Name) _____ *All Rooms Double Occupancy Only
Parent's Email (email address will be used for confirmation) _____
T-Shirt Size S M L XL "adult sizes"

Cancellation Policy: \$10 per player cancellation for camp 1, \$50 charge for camp 2 cancellations. All cancellations must be verified at least 2 weeks before camp begins to receive partial refund; no refund within 2 weeks of camp.

Medical Insurance Information:

Please fill in all information below and sign. This information will be used in the event of any illness or injury that requires medical attention.

Parent/Guardian _____ Emergency Phone _____
Insurance Company _____ Policy # _____ Group # _____

I hereby certify that my daughter is in good health and may participate in all camp activities. I will not hold the University or camp personnel responsible in the event of an accident or injury as a result of her participation. I also give permission for my child to be given emergency treatment.

Signature of Parent/Guardian _____ Date _____

Camper Medical History and Release Form:

Campers of the Villanova Volleyball Camp are required to submit health information before engaging in camp activity.

Camper Information:

Daughter's Last Name _____ Daughter's First Name _____ Date of Birth _____
Address _____ Home Phone _____
City _____ State _____ Zip _____

Emergency Information:

Mother's Name _____ Business Phone _____ Cell _____
Father's Name _____ Business Phone _____ Cell _____
Emergency Contact _____ Relation _____
Home Phone _____ Business Phone _____ Cell _____

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration for the Attendee being permitted to participate in the Villanova Volleyball Camp (insert camp date) _____, I do waive and release forever any and all rights for claims and damages I may have against Villanova University, its trustees, officers, agents, employees, and Coach Steinbach, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury, that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of Villanova University, its trustees, officers, employees, agents, and Coach Steinbach, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown or batted balls. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by Villanova University and that Coach Steinbach is providing this Camp outside the scope of his/her employment with the University. I agree to release, hold harmless, and indemnify Villanova University, its trustees, its officers, its employees, its agents, and Coach Steinbach from any and all claims and liability arising out of the Activity.

Printed Name of Attendee: _____

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Attendee: _____

Signature of Parent or Guardian: _____

Section I: This section is to be completed by parent or guardian

Is your daughter taking medication including prescription or over-the-counter medication (i.e. Tylenol, Advil, etc.?) **Yes** _____ **No** _____

** If yes, please indicate:*

Reason	Medication(s)	Dosage(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will your daughter be taking any medication during camp hours? **Yes** _____ **No** _____

** Please Note: If yes, please have her physician fill out the Medical Consent Section of this form.*

Does your daughter have any allergies? **Yes** _____ **No** _____ ** If yes, what type:*

	Life Threatening	Mild
_____ Bee Sting	_____	_____
_____ Peanut/Nut	_____	_____
_____ Pollen, trees, grass, weeds, etc.	_____	_____
_____ Drugs _____	_____	_____
_____ Foods _____	_____	_____
_____ Others _____	_____	_____

Please explain allergy in detail and what symptoms occur. _____

Does your child have any chronic or reoccurring illness(es)? **Yes** _____ **No** _____ ** If yes, what type:*

_____ Asthma _____ Diabetes Type I _____ Epilepsy _____ ADD _____ Heart _____ Other: _____

Please explain _____

Is your daughter on a special diet? **Yes** _____ **No** _____ ** If yes, please explain:* _____

Please provide us with any additional information about your daughter's health that we should be aware of: _____

Section II: Medical Consent

This section is to be completed if this camper will be taking medication while at camp. No medication will be administered to any camper without proper completion of this Medication Consent section. This section should be also filled out for any non-prescription drugs or any other over-the-counter medication, when prescribed by a physician.

Name of medication _____ Dosage _____ Frequency _____

Reason for medication _____

Doctor's orders _____

Section III: This section is to be filled out by a physician only if camper is taking medication

This camper is in good health and may engage in camp activities.

Signature of Examining Physician _____ Date _____

Telephone _____

Physician Name and Address (Please use stamp or print) _____

If you would like to speak to someone from our camp about this child, please call: **(610) 999 - 7269**