

**SKILLS CAMP
SAMPLE SCHEDULE**

**TEAM CAMP
SAMPLE SCHEDULE**

Breakfast
SESSION Passing /Serving
Overall Skills
Passing Demo

7-8:30am
9-11:35am
9:15-10a
10-10:10am

Passing Drills

10:10-
10:25am
10:35-
10:45am
10:45-
11:15am

Serving Demo

Serve & Pass Drills

Hitting Demo

11:15-
11:25am
11:35-
12:05pm

Hitting Drills

Overview

12:05-
12:10pm

Lunch

12:15-1:15pm

SESSION Blocking, Transi-
tion, & Offense

1:15-4pm

Blocking Demo

Blocking Drills

1:15-1:25pm
1:25-1:55pm

Blocking Drills

Transition Demo

Transition Footwork

Transition Drills

1:50-3pm
2-2:15pm
2:15-2:35pm
2:35-3:15pm

Wash Drills

Individual Help by position

Sketches

Dinner

3:15-4:15pm
4:15-4:35pm
5:30-6:15pm
6:15-7:15pm

SESSION of Play

Match Play

OPEN GYM

7:10-9pm
7:30-9pm
9-10pm

Breakfast
Setter Training
SESSION Passing,
Attacking, & Defense

Skills Review

Individual Defense
Demo

Defensive Drills

Blocking Demo

Blocking Drills

Overview

Lunch

SESSION Team De-
fense

Transition

Team Offense Demo

Team Off. Drill

Team Def. Demo

Team Def. Drill

Overview

Sketches

Dinner

SESSION of Play

Match play

OPEN GYM

7-8:30am
8:30-9am
9am-12pm

9-10am
10-10:10am

10:10-11am
11-11:10am
11:10-12pm
12-12:10pm

12:10-1:30pm
1:45-4:45pm

1:45-2:15pm
2:15-2:25pm
2:25-3:25pm

3:25-3:35pm
3:35-4:35pm
4:35-4:45pm

4:50-5:30pm

5:30-6:30pm

7-9pm
7-9pm

9-10pm



**Western
Carolina
UNIVERSITY**

**CATAMOUNT
VOLLEYBALL CAMPS
2009**

**Skills Camp: July 13-15
Team Camp: July 16-18**

Western Carolina University

Volleyball Camp
Camp Lab
Cullowhee, NC, 28723



Phone: 828-227-2032
Fax: 828-227-7079
E-mail: meconcepcion@email.wcu.edu

*This camp is open to any and all entrants
limited only by number, age, grade level,
and gender*



WESTERN CAROLINA VOLLEYBALL

Camp Director Head Coach Manolo Concepcion



Concepcion will be bringing his international playing & coaching experience to WCU.

This year represents a new beginning for the Catamount as Manolo Concepcion takes the helm and looks for an immediate impact in the Southern Conference. Coach Concepcion, a native of Toa Baja, Puerto Rico, is a former National Team Member, as well as an NCAA Div. I & Professional player. He is the youngest person to ever earn all three PR National Coaching Certifications; he is also an acquirer of the International Coaching Certification given by the FIVB. Throughout his years as a coach at all levels including High School, Club, NCAA, NCAA, & Semi-Pro, Manolo coached an NJCAA Region & Conference Player of the Year, NJCAA & NCAA All-Americans, an NCAA Conference Player of the Year, and multiple NCAA All-Conference & Tournament Award winners. Coach Concepcion is known to be one of the top recruiters in the nation.

Director of Camp Operations Asst. Coach Josh Wielebnicki

Coach Wielebnicki is a former Lewis University standout as an Outside Hitter, Defensive Specialist, & Libero. After his successful career as an NCAA player, this Chicago native transferred to Illinois State University, where he was not only the Men's Volleyball Club Vice-President & Co-Captain, but also the Student Manager for the Women's Volleyball Team as well which competes in the always tough Missouri Valley Conference. His gifted knowledge of the high-tech statistical analysis program Data Volley, contributed with the success of the Redbirds that advanced to the 2007 NCAA National Tournament, & 2007-2008 Conference Tournaments.



Wielebnicki holds the All-Time Record in Digs at Hinsdale South High School & is a former Illini Elite VBC Head Coach.

The Coaching Staff will be joined by current members of the Western Carolina Volleyball Team.

Skills Camp: July 13-15

This camp will be focused on teaching players entering 8th grade through graduated seniors the essential volleyball skills in order to become mechanically efficient by emphasizing on technical training. The main goal is to give individual attention to each camper. Each athlete will be broken down into groups based on the skill level.

- Overnight cost per player - \$250 (includes t-shirt, lodging, & meals)
- Commuter cost per player - \$225 (includes t-shirt, lunch, dinner)

Team Camp: July 16-18

The objective of this camp is to develop offensive and defensive systems that will capitalize your team strengths and your opponent weaknesses. Each team will be introduced to the innovative fast-pace volleyball.

- Overnight cost per player: \$225 - (includes t-shirt, lodging, & meals)
- Commuter cost per player: \$200 each (includes t-shirt, lunch & dinner)

Campers need to bring:

Bed linens or sleeping bag, pillow, towel, toiletries, alarm clock, practice clothes, & kneepads.

In order to complete the registration, we are requiring that a copy of the Release & Medical Authorization signed by a doctor dated after January 1, 2009 be faxed (828-227-7079) or mailed to our office. This document includes:

1. Parent's/Guardian Authorization
2. Release of Liability & Medical/Surgical Health Care Authorization

Catamount Camp Applications

Sign up for:	Housing	Price
<input type="checkbox"/> Individual Camp	Overnight	\$250
<input type="checkbox"/> Individual Camp	Commuter	\$225
<input type="checkbox"/> Team Camp	Overnight	\$225
<input type="checkbox"/> Team Camp	Commuter	\$200

A deposit of \$100 is required for each camper. Deposits are non-refundable.

Method of Payment

- Check payable to WCU Volleyball
- Credit Card accepted by phone only

828-227-2032

Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

Email _____

Age ____ T-Shirt Size ____ Grade ____

High School _____

Roommate Request _____

Parent/Guardian _____

Mail to: WCU Volleyball
Camp Lab
Cullowhee, NC 28723

Camper Name _____ Birth Date _____ Social Security Number _____

(Please print full legal name)

Sport _____ Session Dates (Please check box) Youth

Release and Medical Authorization

The release and treatment authorization must be signed by a parent or guardian if participant is under 18 years old. Participants who are 18 years old, or will become 18 years old, before the beginning of the program must also sign this authorization. In order for campers to participate in activities we must have this form ***IN ADDITION TO A COPY OF A PHYSICIAN SIGNED PHYSICAL DATED AFTER JANUARY 1, 2009.***

Parent's/Guardian's Authorization

This is to certify that _____ has been examined by a physician within the past year, and that she was found to be physically able to participate in vigorous physical activity and competitive athletic sports.

Date of last tetanus immunization _____ Allergies _____

Drug Sensitivities _____

Other Medical Problems/Current Medications _____

What accommodations should be made to insure proper administration and storing of the medication?

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use? Y _____ N _____

Signed X _____

Parent/Guardian

Release of Liability and Medical/Surgical Health Care Authorization

In consideration of being permitted to participate in the Western Carolina Camps, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. As a participant and/or as a parent or guardian, I do hereby release Western Carolina Camps., the North Carolina State Board of Regents, Western Carolina University, the Sports Camps and their officers, employees and agents, from all liability for personal injury or property damage which result from causes beyond the control of, and without the fault or negligence of it's employees, agents or officers

I hereby authorize and give my consent to the health care providers and WCU Staff to perform upon or administer to my above named child any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested.

This permission is good only while the participant is attending the Catamount Volleyball Camps at Western Carolina University and only until the participant has attained his/her eighteenth birthday (if conscious at the time of medical treatment/health care).

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

X _____
Parent's/Guardian's Signature Date

X _____
Student's Signature Date

Name _____
Parent/Guardian Print or Type

Address _____

City _____ Insurance Company _____

State _____ Zip _____ Insurance Co. Address _____

Home Phone _____

Work Phone _____ Policy No. _____

Date _____ Policy Holder _____