bump. set. spike.

Join Parkland Athletics for the 2019 volleyball camps.

**Setting Camp, ages 7 - 18:** Participants will set several hundred repetitions while being coached on footwork and hand placement.
Jul 15 & 16, 5 – 6:45 PM, ID: 5727

**Serving Camp:** Participants will be coached on movement and placement for standing and jump serving.
Ages 7-18
Jul 15 & 16, 7 – 8:45 PM, ID: 5728
Ages 13-18
Jul 22 & 23, 7 – 8:45 PM, ID: 5730
Ages 7-13
Jul 29 & 30, 7 – 8:45 PM, ID: 5732

**All Around Camp:** Participants will work on all aspects of the game – serving, serve-receive, defense, setting, hitting and blocking.
Ages 7 – 13
Jul 17 & 18, 6 – 7:45 PM, ID: 5725
Ages 13 – 18
Jul 24 & 25, 6 – 7:45 PM, ID: 5726

**Front Row Skills Camp, ages 7 – 18:** Participants will be coached on attacking approach, arm swing, ball placement, and blocking techniques.
Jul 22 & 23, 5 – 6:45 PM, ID: 5729

**Back Row Skills Camp, ages 7 – 18:** Participants will do several hundred repetitions to improve ball control and reading opposing team offense.
Jul 29 & 30, 5 – 6:45 PM, ID: 5731

**Advanced College Prep Camp, ages 13 – 18:** Participants will be given a physical, mental, and emotional overview of being successful in college volleyball.
Email Ron Hoppe-Hastings for acceptance, rjhoppe@gmail.com.
Jul 31, 9 AM – 4 PM, ID: 5733

parkland.edu/ceRegister or 217.351.2235
2019 Athletic Camp Registration

Return completed registration form and payment to Parkland College Community Education at 1315 N. Mattis Ave, Champaign, IL 61821. Please contact us at 217/351-2235 or communityeducation@parkland.edu with any questions.

Camp Selection(s)

Camp Name & Class ID

Camp Name & Class ID

Camp Name & Class ID

Camp Name & Class ID

Athlete Information

Name (last, first) 

Date of Birth

□ Male □ Female

Emergency Contact Name

Emergency Contact Phone Number

Current School

Grade (Fall 2019)

T-shirt Size (youth or adult)

Existing Medical Condition

Allergies

Parent/Guardian Information

Name (last, first) 

Date of Birth

□ Male □ Female

Email Address

Mobile Number

Work Number

Address

City

State

Zip

Payment Information

Credit Card Number

Expiration Date

CVV

Amount

Name on Card

Check Enclosed/Amount

Parent/Guardian Authorization:

I do hereby release Parkland College and any and all of its representatives from any and all liability during the time of this camp/clinic. I understand this is an athletic event and injuries may occur during participating and execution of sports related activities. Furthermore, I authorize the director of the camp to act for me according to his/her judgment in any emergency requiring medical attention. I know of no mental or physical problems which affect my child’s ability to safely participate in this camp/clinic.

Signature (required) _________________________________________________________________