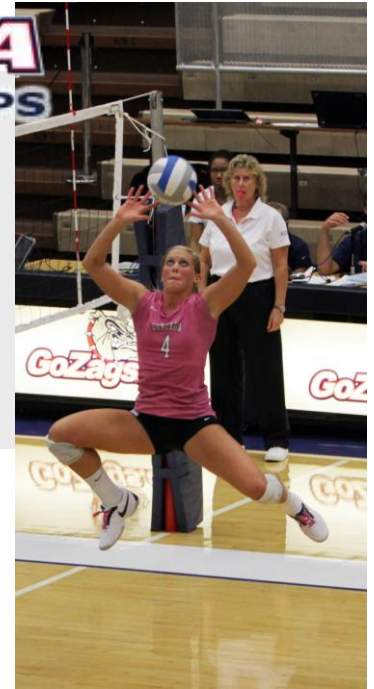




# GONZAGA VOLLEYBALL CAMPS



## TEAM CAMP

**DATES: JULY 5 - 8**

**Overview:** A four day, overnight team camp for all high school levels. Team camp includes: Individual positional skill development, team instruction, practice, and tournament competition.

**Cost:** \$355 per player. Each team must have a minimum of 10 players (max. of 12). One coach attends camp with team free of charge.

Dear Coach:

This packet should provide you with all of the information you will need to get your team enrolled for the 2017 Gonzaga University Team Camp. For those who have been with us before, you will be happy to know that **Momi Bowles**, in her 29<sup>th</sup> year, will return to “run the show” as Camp Director. In concert with 2<sup>nd</sup> year Head Coach, **Diane Nelson** and our rekindled “Zag Volleyball Passion”, we are excited about having the opportunity to work with you and your team at camp this summer.



All team camp players and coaches will be housed in the amazing Coughlin Hall. Located very close to the playing and eating facility, this residence hall is ideal for our summer camp and will provide all teams a great and comfortable location to gather after a long day of volleyball.

Please join us as teams and players from all over the Northwest migrate to Spokane and the beautiful Gonzaga campus in July. If you need additional information or clarification, please do not hesitate to call or email. We look forward to hearing from you soon, and seeing you on campus in July!

Diane Nelson  
Head Volleyball Coach  
Gonzaga University

Momi Bowles  
Camp Director  
Gonzaga Volleyball



### SAMPLE SCHEDULE

<u>Early Wave</u>		<u>Late Wave</u>
7:45-8:30	Breakfast	8:45-9:30
8:30-9:00	Announcements, Demos, Etc.	10:00-10:15
9:00-10:45	On-Court Instruction	10:45-12:45
10:45-12:30	Break (Lunch)	12:45-2:45
1:00-3:00	On-Court Team Practice	2:45-5:30
3:00-4:00	Lecture Sessions	10:15-10:45
4:00-5:30	Break (Dinner)	5:30-7:00
5:30-7:30	Tournament Play	7:00-9:15
7:30-8:00	Evening Awards & Entertainment	9:15-9:45
8:15-10:00	Camp Store & Evening Movie	9:45-10:30
10:00	In Dorms/Curfew	11:00

Zag Volleyball Camps: PO Box 1862, Milton, WA 98354  
Volleyball office phone: (509) 655-3615  
E-mail: [info@zagvolleyballcamps.com](mailto:info@zagvolleyballcamps.com)

# Zag Volleyball Camps

## Team Camp Important Information

### Team Registration

All team camp coaches (resident and commuter) should report to the registration desk on **July 5, 2017** (specific site and times to be determined). Expect to arrive on campus no later than 12:00 pm. There will be two full sessions and dinner served on the first day.

### Zag Camp Coach

A Gonzaga camp staff coach will work cooperatively with each attending team's coach and players to provide an ideal learning and playing atmosphere.

**Meals** - Meals begin with dinner on July 5<sup>th</sup> and end with a sack lunch on July 8<sup>th</sup>.

### Housing and Roommates

All resident campers will be housed in Gonzaga University campus residence halls, two per room. **Campers must bring their own bedding (a pillow and either a sleeping bag or sheets & blanket) and a towel.** We will match you with the roommate indicated on your team's master rooming list as sent in by your coach. We will also keep all of the campers from your school near each other in the same hall/wing if possible.

### Dorm Supervision

We require each team to have one female coach or chaperone to supervise and be responsible for their team in the dorms. At least one female camp staff member is assigned to each dorm wing as a supervisor while male camp staff members are housed in a separate facility. **VISITORS ARE NOT ALLOWED IN THE DORM DURING CAMP; NO MALES ARE ALLOWED ON THE CAMPERS' WINGS.**

### Camp Rules

Campers must attend all sessions; ill campers **MUST** report to the training room or contact a dorm supervisor. Upon the start of camp "Resident campers" may not use cars, and may leave campus only with the permission of the camp director. The camper must be accompanied by a parent, school coach, or camp staff member. "Commuters with meals" must remain on campus between arrival in the morning and departure at night. Resident campers must be in the dorm by curfew and may not bring guests into the dorm at any time except when moving in and out. **Possession or use of tobacco products, alcohol, and drugs is strictly prohibited. Violation of any rule will be grounds for immediate dismissal from camp; we will phone home and ask that the camper be picked up at the earliest opportunity.**

### What to Bring

You should bring plenty of comfortable playing clothes and a good pair of volleyball or other court shoes. We cannot allow you to wear non-athletic footwear during training sessions. Spokane can get very hot during the day but still be very cool after dark. Rain is rare in July, but it can happen. Pack accordingly.

### Camp Store

Our camp store will be open in Coughlin Hall each day and evening. We offer volleyball t-shirts, shorts, and sweatshirts. We feature both Officially Licensed Gonzaga Volleyball team gear and some of the latest volleyball fashions.

### Trainer and Medical Attention

We will have a trainer on duty at all times during camp. If you need taping on a regular basis you should bring your own athletic tape. Should you need medical attention, the camp staff will take you to a minor emergency clinic or the hospital. You will be responsible for any and all cost incurred.

# Zag Volleyball Camps

## 2017 Team Camp Fee Information

### 2017 Team Camp Fee Structure

The cost per player is \$355. We require that each team has a minimum of 10 players to attend camp (with a limit of 12). One coach is required to attend, free of charge, with each participating team; additional coaches accompanying the team pay only room and board expenses.

<u>Item</u>	<u>Resident</u>	<u>Commuter (w/meals)</u>
Players (10-12)	\$355	\$300
Additional Coach	\$130	\$70 (meals only)

### Important Team Camp Deadlines

The following is a guideline for securing your spot in the 2017 Team Camp.

<b>Immediately</b>	Initial Deposit Form with \$200. Reservation security deposit
<b>May 1<sup>st</sup></b>	Second Deposit Form with \$500
	<i>All Deposits Are Non-Refundable After May 1<sup>st</sup></i>
<b>June 2<sup>nd</sup></b>	Team Camp Roster, Team Information Form, Individual Player Registration Forms, Coach Registration Form
<b>June 16<sup>th</sup></b>	Final Payment Form with payment of remaining balance in a single check

### Suggested Banking System

Though you can handle the collection and payment of fees in any manner you choose, our experience suggests that the following may be the simplest for you, your players, and us:

- Pay the initial deposit of \$200 with a online credit card payment or a personal or cashier's check, school check, or purchase order to secure your spot
- Collect funds from each player immediately to get them committed and to cover the team deposits
- Pay the second deposit of \$500 **no later** than May 1, 2017. Bank any remaining deposits in your personal or school account.
- Conduct fundraising events as desired and bank the money.
- Determine the number of players you are bringing by the June 1st deadline.
- Have each participant give you a check for their share of the balance sometime before you leave for camp. Deposit those checks with your banked funds. Please submit Final Payment Form with remaining balance due with a single check by **no later** than June 16.

Note: Housing prior to camp or between camps will not be available this summer due to a conflict with other activities on campus. If you are interested in information on local hotels please call us at the Gonzaga University Volleyball office at: (509) 655-3615 - Momi Bowles (Camp Director)

### Refund Policy

Immediately, your Initial Deposit of \$200 is non-refundable. Your second deposit of \$500 becomes non-refundable after May 16, 2017. **NO REFUNDS WILL BE MADE AFTER MAY 16.** No additional charges will be added to your total if you reduce the number of team members, as long as your roster stays between 10 and 12. If your roster drops below 10 players, you and your team may still attend, but must pay a fee of \$50 per "lost player" to cover camp operating expenses (salaries, facilities, etc.). Partial refunds due to injury or illness during camp will be considered on a case by case basis. Please note we are not able to recover any of our costs if a camper leaves early.

# Zag Volleyball Camps

## Team Camp Deposit Form

### GONZAGA UNIVERSITY 2017 VOLLEYBALL TEAM CAMP

**- INITIAL DEPOSIT \$200 -**  
**DUE: IMMEDIATELY TO SECURE ENTRY**

SCHOOL: \_\_\_\_\_

TEAM LEVEL:     Varsity     Junior Varsity  
                     Other \_\_\_\_\_

HEAD COACH NAME: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CELL PHONE     (\_\_\_\_\_) \_\_\_\_\_

- Please enclose a single check for \$200. Payable to: **Zag Volleyball Camps**
- If you prefer to use a school purchase order you may combine the total of the Initial and Second Deposits (\$700) to save on administrative work.
- Request a P.O. and have a copy sent to us. If you should happen to cancel your reservation before March 1, we will bill your school \$200 for the non-refundable portion of the initial deposit.

I understand and accept the terms of payments as detailed above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Mail to:  
**Zag Volleyball Camps**  
**PO Box 1862**  
**Milton, WA 98354**

### GONZAGA UNIVERSITY 2017 VOLLEYBALL TEAM CAMP

**- SECOND DEPOSIT \$500 -**  
**DUE: May 1, 2017**

SCHOOL: \_\_\_\_\_

TEAM LEVEL:     Varsity     Junior Varsity  
                     Other \_\_\_\_\_

HEAD COACH NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CELL PHONE:    (\_\_\_\_\_) \_\_\_\_\_

- Please enclose a single check for \$500. Payable to: **Zag Volleyball Camps**
- If you paid the Initial Deposit by check and now prefer to use a school purchase order, please request a P.O. for \$500 and have a copy sent to us.
- If you submitted a single purchase order for \$700 at the time of your Initial Deposit, you do not need to send this form. Your Second Deposit is already covered.

I understand and accept the terms of payments as detailed above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Mail to:  
**Zag Volleyball Camps**  
**PO Box 1862**  
**Milton, WA 98354**



# Zag Volleyball Camps

## Team Camp Roster Form

DUE: **June 1, 2017**

Please complete form and submit with Team Information Form.

School: \_\_\_\_\_ Team: \_\_\_\_\_

#	First	Last	Roommate	Primary Position (Choose <b>ONLY ONE</b> and circle)	Gr	T-Shirt Size
<u>1</u>				S - OH - MH - DS		
<u>2</u>				S - OH - MH - DS		
<u>3</u>				S - OH - MH - DS		
<u>4</u>				S - OH - MH - DS		
<u>5</u>				S - OH - MH - DS		
<u>6</u>				S - OH - MH - DS		
<u>7</u>				S - OH - MH - DS		
<u>8</u>				S - OH - MH - DS		
<u>9</u>				S - OH - MH - DS		
<u>10</u>				S - OH - MH - DS		
<u>11</u>				S - OH - MH - DS		
<u>12</u>				S - OH - MH - DS		

You may add, delete or substitute players on the first day of camp at the time of team check-in/registration, so long as your total stays between 10 and 12. Please contact the Gonzaga University volleyball office as soon as you know if you have an increase or decrease in the total number of players attending.

Please bring any new player forms with you to registration. We must have an individual registration form with signed waivers for each player who actually attends camp. Players without verification of medical insurance will not be allowed to participate.



# Zag Volleyball Camps

## High School Team Information Form

DUE: **June 1, 2016**

Please complete and submit with Team Camp Roster

SCHOOL: \_\_\_\_\_

TEAM LEVEL:  Varsity  Junior Varsity  Other: \_\_\_\_\_

SCHOOL CLASS:  AAAA  AAA  AA  A  B  Other: \_\_\_\_\_

HEAD COACH NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HEAD COACH EMAIL ADDRESS: \_\_\_\_\_

HEAD COACH PHONE: (\_\_\_\_\_) \_\_\_\_\_

Have you attended Zag Camp before?  YES (Year: \_\_\_\_\_ )  NO

Previous Zag Coach Name: \_\_\_\_\_

Reason(s) for attending Zag Camp this year:

Tell us about your **2016** Season:

1. Overall record:
2. Conference record:

Notes:

Tell us about your **2017** team (the team that will actually be attending camp):

1. Number of returning starters:
2. Number of returning players:

Notes:

Describe any traits, areas of expertise or coaching style you would like to see in the coach we assign to your team:

*Please note: All team practices will be coordinated with a court partner to provide the opportunity for live 6v6 competition and wash drills. Individual Skills and Concepts will be emphasized during positional sessions.*

# Zag Volleyball Camps

## Team Camp Player Registration Form

DUE: **June 1, 2017**

**Coach: Please copy and have each participant complete and return to you. Each camper must have this form completed and signed on file.**

SCHOOL: \_\_\_\_\_

TEAM: \_\_\_\_\_

CAMP TYPE:  Resident  Commuter

Your coach will be in charge of collecting this registration form and camp fees from you.

**Please print or type all the information requested.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ST \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_

WORK PHONE(S) (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE(S) (\_\_\_\_\_) \_\_\_\_\_

**FALL 2017** GRADE \_\_\_\_\_

BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

T-SHIRT SIZE (CIRCLE):  S  M  L  XL

WILL ALSO BE ATTENDING 2017 GONZAGA INDIVIDUAL CAMP:  YES  NO

ATTENDED PREVIOUS GONZAGA CAMP:  YES  NO

YEAR(S) ATTENDED: \_\_\_\_\_

### MEDICAL

To enroll and participate in the 2017 Gonzaga University Volleyball Camp you must have been approved for athletic participation by a doctor within the last 12 months, be covered by current medical insurance and have a completed and signed medical release. Athletic trainers will have possession of all medical releases. A trainer will be on site during camp hours.

If you have special medical needs, please bring a signed note with full explanation (when to take medication, etc.). Notes will be given to our trainers on the first day of camp.

### MEDICAL RELEASE

Medical Insurance Company \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_  
Policy/Group/ID Numbers \_\_\_\_\_  
Doctor's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Allergies, medications, conditions, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize my child's participation in the 2017 Gonzaga University Volleyball Camp. I know of no physical, mental, emotional or behavioral problems which may affect my child's ability to safely participate. The camp staff is authorized to attend to any health problem or injury my daughter may incur while attending camp. I understand that my daughter must have current and active medical insurance before she may attend camp and hereby confirm that she does. Neither I nor my daughter will hold Gonzaga University, the Gonzaga University Volleyball Camp and Zag Volleyball Camps, Diane Nelson or any camp employee liable for any injuries/illnesses or expenses relating to any injuries/illnesses sustained while my daughter is at camp.

\_\_\_\_\_  
Date

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

### BEHAVIOR RELEASE

Each participant is expected to:

- Attend all camp activities
- Observe curfew and quiet hours
- Be responsible for her own belongings
- Show respect for equipment, residence hall property, coaching staff and fellow campers
- Follow all University and camp regulations including those that which preclude the possession of drugs, alcohol and tobacco products

I hereby acknowledge that I (my daughter) will observe all camp rules and expectations as listed above, and recognize that in the case of noncompliance I (my daughter) will be subject to immediate dismissal. I further recognize that I (my daughter) is responsible for any damage caused to camp equipment or University facilities. **TWO SIGNATURES REQUIRED.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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

# Zag Volleyball Camps

## Team Camp Coach Registration Form

DUE: **June 16, 2017**

Please note that each registered team is allowed one coach, free of charge. Additional coaches to register on this form.

SCHOOL: \_\_\_\_\_

TEAM: \_\_\_\_\_

Please print all the information requested.

### **HEAD COACH**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

T-SHIRT SIZE:  S  M  L  XL

CAMP TYPE:  Resident  Commuter

In exchange for my free room and board at the 2017 Zag Volleyball Team Camp, I hereby agree to supervise my own team members at all times, including at the residence and dining halls, and abide by all Zag Volleyball Camp Rules.

\_\_\_\_\_  
Date Signature

### ADDITIONAL COACH(S) / CHAPERONE:

Cost for room and board:  
\$130 Resident - Housing and Meals  
\$70 Commuter - Meals only

Please print all the information requested.

### **EXTRA COACH #1**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

STAFF POSITION:  Assistant  
 Other: \_\_\_\_\_

T-SHIRT SIZE:  S  M  L  XL

CAMP TYPE:  Resident  Commuter

\_\_\_\_\_  
Date Signature

### **EXTRA COACH #2**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

STAFF POSITION:  Assistant  
 Other: \_\_\_\_\_

T-SHIRT SIZE:  S  M  L  XL

CAMP TYPE:  Resident  Commuter

\_\_\_\_\_  
Date Signature



# Zag Volleyball Camps

## Team Camp Final Payment Form

DUE: **June 16, 2017**

SCHOOL: \_\_\_\_\_

TEAM LEVEL:  Varsity  Junior Varsity  Other: \_\_\_\_\_

HEAD COACH NAME: \_\_\_\_\_

### CALCULATION WORKSHEET

See Team Fee Information for per player cost.

	No.		Cost/Person		Total
Resident Players	_____	x	\$355	=	\$ _____
Commuter Players	_____	x	\$300	=	\$ _____
Airport Shuttle (round trip)	_____	x	\$20	=	\$ _____
"Extra" Resident Coaches	_____	x	\$130	=	\$ _____
"Extra" Commuter Coaches	_____	x	\$70	=	\$ _____
TOTAL COST (add from above totals)				=	\$ _____
TOTAL DEPOSITS PAID				=	\$ _____
BALANCE DUE (subtract TOTAL DEPOSITS PAID from TOTAL COST)				=	\$ _____

Please attach and submit a **single check** or purchase order for the amount of the **BALANCE DUE** by **June 16**.

Please confirm that the check is payable to: **Zag Volleyball Camps**

If you are paying the total due or any portion by purchase order, please attach a copy.

If your team needs an airport shuttle, please list the necessary flight information below.

Number of players: \_\_\_\_\_

Airline: \_\_\_\_\_

Spokane Airport GEG Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_

Spokane Airport GEG Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

I understand and accept the terms of payments as detailed above.

\_\_\_\_\_  
Date                      Signature