



# 2015 MARAUDERS VOLLEYBALL SUMMER CAMP

### Mini Marauders Camp (MMC)

Dates: July 23-24, 2015

Little Marauders Camp is open to girls from K-5th grades. The camp will focus on all aspects of the game with emphasis on combination of volleyball drills with specific coordination exercises. Campers will be grouped based on age and skill level. Campers should bring their own lunch. Camp will run from 9am to 3:30pm.  
Cost: \$70.00 per day (Includes a camp T-shirt)  
\$100.00 for both days (Includes a camp T-shirt)

### Elite Overnight Camp (EOC)

Dates: August 3-5, 2015

Open to girls of ages 12 and up. This is a high-level specific camp, designed for players who are willing to work hard in all aspect of the volleyball fundamental skills. Players will be grouped by skill level at which point high repetition training will guide our sessions. The drills for this camp are designed to take your game to the collegiate level by exposing you to the daily training systems used in a high level professional volleyball program, and as the camp progresses there will be a shift from a more technical focus to more “play-based” and situational 6 on 6. Swimming may be available, so please bring a swimsuit!  
Cost: \$290.00 Commuter (Includes 5 meals and a camp T-shirt)  
\$350.00 Overnight Campers (Includes 7 meals, 2 nights housing, and a camp T-shirt)

### Youth Skill Camp (YSK)

Dates: July 27-29, 2015

Open to girls entering the 6th-8th grade. The camp will focus on individual skill development. Basic technique will be taught and drilled: competitive drills will be used to further refine skills. Players will be grouped by age and skill level. This is a commuter camp for young kids looking to learn the game. Lunch is included in the cost of the camp. Camp will run from 9am to 4:30pm.  
Cost: \$80.00 per day (Includes a meal and a camp T-shirt)  
\$175.00 for 3 days (Includes 3 meals and a camp T-shirt)

### Position Camp (PC)

Dates: August 6-8, 2015

Open to girls of ages 12 and up. This is a high level specific camp designed to players with a strong desire and potential to play at the next level. The camp will consist of position specific training for setters, middle blockers, outside hitters, opposite hitters and liberos. As we progress through the camp, we will combine the groups for interactive learning. Camp instruction will be provided by Head Coach Thais Franca, UMary Coaching Staff and Volleyball Players. Don't miss this great opportunity of experience specialized training within a total team atmosphere! Camp will run from 9am to 4:30pm.  
Cost: \$225.00 (Includes 3 meals and a camp T-shirt)

### Location

Macdowell Activity Center  
7500 University Dr.  
Bismarck, ND 58504

### What to Bring

Campers should bring athletic clothing (extra t-shirts & socks are encouraged each day), kneepads, and water bottles are also encouraged. Overnight Campers, please check Marauders Website for full list.

### Rules and Regulations

Campers are expected to act with respect for themselves, other campers, staff, and the campus of University of Mary. Campers who cannot behave in a mature manner could be expelled from camp without a refund.

### Camp Coaching Staff

Thais Franca -  
*Head Coach*  
Maureen Moriarty -  
*Graduate Assistant Coach*  
Valerie Lesu -  
*Volunteer Assistant Coach*

## Please check the appropriate boxes

### Camp

- ☐ MMC
- ☐ YSK
- ☐ EOC
- ☐ PC

### Position

- ☐ SETTER
- ☐ LIBERO
- ☐ OH/RS
- ☐ MIDDLE

## MAIL FORM and FULL PAYMENT to:

University of Mary Volleyball  
Attention: Coach Thais Franca  
7500 University Drive  
Bismarck, ND 58504

## Registration

There will be two different ways to sign up for camps. Sign up online at: [www.maraudersvolleyballcamps.com/](http://www.maraudersvolleyballcamps.com/) or, fill out the application & send it in along with the full payment. **Please make check in full payable to: UMVB Summer Camp**

Please do not delay to register. Sessions are filled on a first-come, first-served basis

Contact Us for Further Details

Email: [tafranca@umary.edu](mailto:tafranca@umary.edu)

Phone: (701) 355-8285



Please check Marauders Website more details!

## University of Mary Volleyball Camp Application

Attendee's Name: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Home Phone #: \_\_\_\_\_

Parent's Cell Phone #: \_\_\_\_\_

Grade entering Fall 2015: \_\_\_\_\_ Age: \_\_\_\_\_

School's Name: \_\_\_\_\_

Club's Name: \_\_\_\_\_

## Important Insurance Information

All students must provide proof of insurance coverage for injury or sickness incurred while attending the University of Mary Volleyball Camp. I waive and release University of Mary Camp from any and all liability from any injury and illness incurred while going to camp from home or while at camp or returning home. I, as a parent/guardian, have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to say minor's participation, and assume the risk arising therein. I hereby give my permission for emergency medical treatment in the event I cannot be reached.

Parent' Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

\* Please attach copy of insurance card

# Medical Release

Consent to Medical Treatment & Release of Liability: (Read this before signing below)

In consideration of being allowed to participate in this camp, related events, and activities, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE University of Mary Board of Trustees and their officers, agents, or employees and State of North Dakota (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this camp, or while in, on upon the premises where the camp is being conducted.

To the best of my knowledge, I/my child and/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with camp activities. I am fully aware of risks and hazards connected with the camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to me/my child's participation in this camp, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEE or otherwise.

During the period of the camp, I hereby give permission for the staff of University of Mary to administer appropriate medical attention to me/my child in the event of an accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the member of my family and spouse, if I am alive, and my heirs, assigns a personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEE. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of North Dakota. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Attendee's Name: \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Group/Policy #: \_\_\_\_\_

Insurance Company phone #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_