# 2018 VB Camps Open to all area athletes!

#### **June Camps**

**20 & 21** Frazee HS – F razee, MN ALL SKILLS & YOUTH CAMP

25 & 26 Chi Hi HS – Chippewa Falls, WI POPS & SCORING CLINIC & \*YOUTH CAMP

27 & 28 Regis HS – Eau Claire, WI ALL SKILLS

## **July Camps**

18 & 19 Nevis HS – Nevis, MN

\*\*YOUTH CAMP ONLY

3<sup>rd</sup>-5<sup>th</sup> Grade 9-1045am

6<sup>th</sup>-8<sup>th</sup> Grade 11am-1pm

23 & 24 Park Christian School – Moorhead, MN ALL SKILLS & YOUTH CAMP

**30 & 31** Stanley-Boyd HS – Stanley, WI ALL SKILLS & YOUTH CAMP

## **August Camps**

**1 & 2** Mondovi HS – Mondovi, WI ALL SKILLS & YOUTH CAMP

**6 & 7** Cadott HS – Cadott WI ALL SKILLS & YOUTH CAMP

Send application form and camp payment(s)
(payable to Pam Schroeder) to camp email address

popsvbcamp@hotmail.com
or
Pam Schroeder 3412 Golf Rd
Eau Claire, WI 54701

Camp size is limited to ensure a low camper to coach ratio. If less than 10 campers are registered 1 week prior to camp, you will be notified via email, camp will be CANCELLED & monies refunded. Refunds NOT issued for cancellations less than 1 week prior to camp, but may be credited to other camper.

Pam Schroeder is a native of Marshall, MN where she was an All-State setter for Marshall HS. She attended North Dakota State University where she was a 2 time All-American. Schroeder still holds NDSUs record for All-Time Assists with 5408 in her career and was inducted into the NDSU Hall of Fame in October 2013. She is currently the Assistant VB Coach at the University of Wisconsin-Stout, Menomonie, WI and also coaches for EC AIR.

Pam Osterfeld is a native of Perham, MN where she was a 2 time All-State Selection while playing for Perham HS. Osterfeld attended Texas Tech University where she was All-Conference and went on to play at NDSU. She has years of experience coaching HS, club, and summer camp, and is currently a certified NFHS, PAVO, & USAV Official.

#### **ALL SKILLS = Comprehensive Skill Training**

The mission of this camp is to introduce each individual skill of the game on Day 1 and progress with more advanced training on Day 2. Both sessions are designed for ALL PLAYERS, regardless of position. Pick the morning sessions to focus on BALL HANDLING or afternoon sessions for an emphasis on SCORING. Attend both to improve ALL SKILLS and your overall game. Open to grades 8-12.

AM Session = 9-1115 am & PM Session = 1145-2 pm.

BALL HANDLING (\$50 = 2 day am sessions)

SCORING (\$50 = 2 day pm sessions)

## POPS VOLLEYBALL CAMPS = High Repetition Ball Control Training

The mission of this camp is to provide as many ball control reps as possible for intermediate and advanced level High School athletes of **ANY POSITION** in a **HIGHLY COMPETITIVE** environment. Focus on setting or defense during **INTENSE** breakout sessions as in-depth **BALL HANDLING** training and advanced drills take your game to the next level. Open to grades 8-12, fee for camp is \$100 & includes BOTH sessions on BOTH days. **Camp is 2 sessions each day**, 9-1115 & 1145-2 pm.

SCORING CLINIC = Techniques of Hitting, Blocking, & Serving
The mission of this clinic is to provide feedback and opportunity for athletes to
expand their scoring capabilities. Fee is \$10. Clinic is 215-3 pm. Chi-Hi ONLY!!

### YOUTH CAMP = All Skills at a Basic Level

The mission of this clinic is to introduce and expand on basic volleyball skills. No experience necessary. Fee for Grades 3-5 is \$45 & Grades 6-8 is \$50. YOUTH CAMP 215-4 pm \*CHI-HI ONLY 3-445 pm. \*\*NEVIS ONLY AS LISTED!

REGISTRATION DEADLINE FOR ALL CAMPS IS June 1, 2018!
Register early, last year camps filled fast!
All Campers registered by the deadline will receive a camp t-shirt.

\*\*Lunch NOT provided\*\*

Camper Name & Grade (2018)	urn-with-payment Which Camp(s) attending
Email(s) (required for confirmation)	Circle desired T-Shirt Size YS YM S M L XL
Parent(s)/Guardian(s) Best Contact Number	Emergency Contact Person/Number
I understand that the POPS camp directors as well as camp sites will NOT be held responsible for injuries while the listed athlete is attending camp. I authorize the directors to secure any emergency treatment deemed necessary. The camp directors/sites will NOT be held responsible for the payment of this emergency	

treatment. Any hospital or doctor fees that are a result of a camp injury will be the responsibility of the campers parent(s) or guardian(s). I also acknowledge the athlete is physically able to participate in camp activities. Parent/Guardian Signature & Date Required below.