

# 2010 Magic City Elementary & Middle School Volleyball Camp- June 14-17 - Senior HS

## Camp Directors

**Jeff Carroll** completed his 24th season as head coach of the Billings Senior Bronco volleyball program. During his tenure the Broncos have won 9 "AA" state titles, including the last four out of five. They have finished runners-up 4 times and third twice. Over 60 of his former players have gone on to play collegiately including 7 of them at the Division I level.

**Wade Wells** has coached throughout Montana at both the high school and collegiate levels. He is the director and a coach with the Montana Juniors Volleyball Club.

**Eligibility:** Girls entering grades 4-8

**Cost:** \$55 (includes t-shirt)

**Cancellation:** The \$20 deposit is nonrefundable.

**Payment:** Complete the registration and send with your deposit or full fee. Make checks payable to Magic City VB Camp. Space is limited to approx. 72 girls.

**Schedule:** Mon. to Thurs.  
8:00am-11:00am

**Check In:** Arrive at the Senior High gym between 7:30am-8:00am on Monday, June 14th.

**Instruction:** The focus will be on the skills of Serving, Forearm Passing, Overhead Passing, Attacking, Blocking and Defense. Offensive and defensive systems will also be taught

## Philosophy & Goals

We will create a setting in which players will be able to challenge themselves, with instruction and encouragement along the way. Players will be grouped according to age and ability to help each individual develop to the best of their ability. Our goal is to have campers depart being able use skills learned in the seasons ahead.

## Please Print Clearly

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Parents Email \_\_\_\_\_

School (fall 2010) \_\_\_\_\_

Grade (fall 2010) \_\_\_\_\_

Insurance Co. \_\_\_\_\_

## Camp Fee Enclosed

\$20 Deposit \_\_\_\_\_

\$55 Full Fee \_\_\_\_\_

T-shirt size (adult) \_\_\_\_\_

Make checks out to: Magic City VB Camp  
Mail to: Jeff Carroll  
Senior High  
425 Grand Ave.  
Billings, MT 59101

## Please Read and Sign

I hereby authorize the staff of the Magic City VB camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby release the staff of the Magic City VB camp of any liability. I know of no mental or physical problems that might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other charges in connection with her attendance at the camp. I have read, understand and agree with these conditions.

\_\_\_\_\_  
Parent or Guardian Signature