



HAWAII WOMEN'S VOLLEYBALL

Dear junior volleyball player,

I would like to personally invite you to participate in the Wahine Volleyball Camp this summer. We have camps in June, July, and August and all are designed to help you improve your game for the future. You'll meet all the wahine players as well as all the UH staff and be coached by these same people. It's a great way to showcase your skills to us and be evaluated for college placement. We welcome all ages from 4th grade up and you will be playing with others of your age and skill. Most importantly, we'll have a lot of FUN! Included in this email is the camp brochure. send application in or call me at 956-4533 if you're interested. Mahalo, and hope to see this summer.

Aloha,
Dave Shoji

WOMEN'S VOLLEYBALL
SCHEDULE/RESULT
ROSTER
COACHING STAFF
GAME NOTES
STATISTICS

HEAD COACH
Dave Shoji

University of Hawaii
Women's Volleyball
1337 Lower Campus
Rd
Honolulu HI 96822

APPLICATION

Please check appropriate box:

- Camp 1**
June 14-17, Boys & Girls, Grades 4-12
1 p.m.-5 p.m. (\$160 per camper)
- Camp 2**
July 19-22, Boys & Girls, Grades 4-12
1 p.m.-5 p.m. (\$160 per camper)
- Camp 3**
July 23-26, Boys & Girls, Grades 4-12
1 p.m.-5 p.m. (\$160 per camper)
- Camp 4**
Aug. 3-6, Boys & Girls, Grades 4-12
1 p.m.-5 p.m. (\$160 per camper)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Age: _____ Birthdate: _____ M/F: _____

Grade (Fall 2010): _____ School: _____

Email: _____

T-Shirt Size (Please circle one):

YL S M L XL

Please read and sign the medical consent form and waiver on the back side of this form.

I have read and signed the form

Make checks payable to: **University of Hawai'i**
Please return application and full payment to:
Rainbow Wahine Volleyball Camp
1337 Lower Campus Road
Honolulu, HI 96822

(Refunds will have a \$35 admin. fee)

For more information contact Kari Ambrozich at:
(808) 956-2496 or kbanders@hawaii.edu

Detach form here



Rainbow Wahine Volleyball Camp
1337 Lower Campus Rd.
Honolulu, HI 96822



30th Annual Rainbow Wahine Volleyball Camp 2010

» Camp 1
June 14-17
Boys & Girls (Grades 4-12)

» Camp 2
July 19-22
Boys & Girls (Grades 4-12)

» Camp 3
July 23-26
Boys & Girls (Grades 4-12)

» Camp 4
Aug. 3-6
Boys & Girls (Grades 4-12)

Four-Time National

14-Time WAC

Champions

Champions



HERE'S WHY WE ARE THE BEST!

CAMP STAFF



Dave Shoji, Head Coach

- ▶▶ 2009 AVCA National Coach of the Year
- ▶▶ 2nd all-time in NCAA career wins (1,016)
- ▶▶ 10-time conference Coach of the Year
- ▶▶ USA Volleyball All-Time Great Coach
- ▶▶ Hawai'i Sports Hall of Fame Inductee

Also:

- ▶▶ Rainbow Wahine volleyball coaching staff
- ▶▶ Current and former UH volleyball players

CAMP INFORMATION

Camp Features:

- ▶▶ Camp T-Shirt
- ▶▶ Written individual evaluation by camp coach
- ▶▶ Low coach-to-camper ratio
- ▶▶ Special individual skill sessions for all positions
- ▶▶ Fundamentals and strategies of team play
- ▶▶ Team tournament competition

What To Bring:

- ▶▶ Water Bottle
- ▶▶ Tennis shoes and knee pads

Location:

- ▶▶ Stan Sheriff Center, Gym 1, Gym 2, Klum Gym

Questions:

- ▶▶ Please email Kari Ambrozich at: kbanders@hawaii.edu or call (808) 956-2496

Camp Confirmation:

- ▶▶ An email will be sent notifying you of your enrollment in the Rainbow Wahine Volleyball Camp.

PROGRAMS DESIGNED FOR ALL AGES AND SKILL LEVELS

You will practice with players within the same age and skill level. With an emphasis on individual training you will get the attention needed to improve!

BEGINNING PLAYERS

You will learn and practice the basic skills: setting, passing, spiking, digging and serving. There will be daily warm-up drills, individual technique and plenty of game play.

INTERMEDIATE PLAYERS

In this group you will concentrate on more advanced development and refinement of your skills. Plus an introduction to team offense and defense.

ADVANCED PLAYERS

As an advanced player you will receive top level instruction on all skill areas. Training sessions are designed to challenge you and focus closely on your personal development.



UNIVERSITY OF HAWAI'I CONSENT/WAIVER FORM

Name of Child (Last Name, First Name, Middle Initial):

Program: Rainbow Wahine Volleyball Camp

Dates of Program(s) (Circle): June 14-17 / July 19-22 / July 23-26 / Aug. 3-6

ASSUMPTION OF RISK AND RELEASE & MEDICAL CONSENT FORM

I certify that the above named child is in good physical health and able to participate in women's volleyball camp presented by the University of Hawai'i, which is scheduled for the circled above dates. I understand and acknowledge the dangers and risks involved in my child's participation in the camp which include, but are not limited to, minor injuries such as bruises, lacerations, strains, and sprains, over exertion injuries (such as heat stroke, cardiac arrest or respiratory arrest), broken bones or dislocations or the possibility of permanent disability and death, as well as property loss and severe social and economic loss. The dangers and risks may be caused by, but are not limited to: (a) the actions, omissions or negligence of the instructors, sponsors, participants, volunteers, spectators; (b) conditions of the premises and/or equipment used; (c) temperature and/or weather; (d) conditions of other participants.

I understand that my child should have his/her own private medical and liability insurance coverage if they intend to participate in the camp, and that the University of Hawai'i does not provide insurance for my child and will not be financially responsible for my child or indemnify my child with respect to injuries or liabilities arising out of my child's participation in the camp.

The camp will attract media coverage. My child may be photographed and/or video taped while participating in the camp, and the photograph and/or video tape may appear in print media and/or live or replay telecast. I therefore grant my permission for my child to be photographed and/or appear in a telecast of the camp if my child participates in the camp.

In consideration of my child being permitted to participate in the camp, I agree to assume all risks of injury and loss resulting from my child's participation in the camp. I read and understand all written materials setting forth the requirements for my child's participation, and understood all oral instructions, and my child will strictly observe them during his/her participation. Most importantly, for myself, my heirs, executors, and administrators, I accept full responsibility for my child's participation in the camp and I agree to indemnify, release and discharge the University of Hawai'i, State of Hawai'i, and its officers, employees, agents and assigns from any and all liability, claims, demands or actions for property damage, personal injury and/or death arising or resulting from or caused by any acts or omissions by child or others during my participation in the camp.

I also consent to, and authorize any medical professional and others working under their supervision to treat my child for any injury or illness arising from or related to my child's participation in the camp, and agree to pay any and all medical expenses, costs and other charges, and to indemnify, release and discharge the University of Hawai'i, State of Hawai'i, and its officers, employees, agents and assigns from any and all liability, claims, demands or actions arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY:

First Person to Contact:

Phone:

Second Person to Contact:

Phone:

Physician to Contact:

Phone:

Signature of Parents/Guardian(s):

Date:

Print Name(s):