



Ball Control Clinic

An Intensive Volleyball skill-training camp

Saturday, July 23rd, 2011

"Ball control makes a good athlete a GREAT PLAYER!"

Gail (Halink) Hoffman

Dates/Time: Saturday, July 23rd, 2011 9:00am- 12 pm 1:00pm-4:00pm Bring your own lunch

Place: UW-Richland Gymnasium

Learn:

- Individual and small group ball control drills.
- Focus on form, touch, trajectory, speed, and ball location
- Practice using cooperative and competitive drills
- Learn the skills of passing, digging, attacking, and serving when practicing trajectory, speed, and ball location.

Instructor: Gail (Halink) Hoffman

Coaching Experience

- 11 years college coaching experience
- 6 years UW-Richland Head Volleyball Coach
- Coached nationally ranked Division I, II, and III collegiate Volleyball teams.
- Coached at Purdue University, UW-La Crosse, Iowa State University, Morningside College, the University of Kentucky, and University of Wisconsin-Richland.
- Coached USBA Junior Girl's squad and USVABA Men's College Club Squads.
- WCC Coach of the Year

Education

- Bachelors of Physical Education, Purdue.
- Master of Physical Education, UW-La Crosse.

Playing Experience

- Full Scholarship Athlete, Purdue University
- All-State Volleyball Award,
- First Female to receive full athletic scholarship at RCHS

Fee: \$69.00 Registration deadline is July 15th.

Criteria: Entering grades 8-12 fall of 2011.

Mail attached forms and checks payable to: UW-Richland, Office of Continuing Ed.,
1200 Hwy 14 West,
Richland Center, WI 53581

For further information phone: 608-647-6186 ext 227 or e-mail rlnce@uwc.edu

UW-Richland Ball Control Camp Registration

Participant Name: _____

Name to be used on Name Badge: _____

Age _____ Height _____ Grade fall 2011 _____ Playing Position(if applicable) _____ Your School _____

Parent Name: _____

E-mail Address _____

Address _____
Street, Route, Fire# _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

Liability Release

I hereby accept and assume all risk for any harm, injury, or damages that may befall me, foreseen or unforeseen, as a result of my participation in the following activity:

Ball Control Camp – July 23, 2011

I agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin Colleges, their officers, agents, and employees from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out my participation in the activity. I authorize the sponsors of this activity to seek medical assistance on my behalf if needed, and have noted below any special conditions.

I understand the University of Wisconsin will provide no insurance to participants enrolled in this camp.

Name (Please print)

Phone Number

Signature

Date

Signature of Parent/Guardian if participant is under 18 years of age

Date

(1) Person to notify (not on trip) in case of emergency

Phone Number

(2) Person to notify (not on trip) in case of emergency

Phone Number

Special Medical Conditions:

**University of Wisconsin – Richland
CONSENT FOR MEDICATION ADMINISTRATION**

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your daughter will be under the age of 18 while at the University of Wisconsin – Richland, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by designated camp staff.

All medications must be in a medicine bottle and labeled with the camper's name, doctor's name, doctor's phone number, medication name, and dosage. You must also complete the form below.

____ No medication has been brought to camp.

____ I want the medication or medical devices self-administered (14 and above only).

____ I want the medication or medical device administered by the designated camp staff. However, a limited amount of medication for life threatening conditions may be carried by my child (i.e. bee sting kits, inhalers).

Name of Medication(s)

Prescribing Doctor

Doctor's Phone #

Amount to be taken

How is it taken?

Time(s) of day to be taken

Special Instructions

Signature of Parent/ Guardian

Date

CONSENT FOR MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

- If your daughter will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment.
- By signing below, you are giving your consent in advance for transportation to and medical treatment at an appropriate medical facility in case of illness or injury.
- By signing below, you are stating that you are aware of and accept the risk inherent to the program activity.
- By signing below, you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin – Richland, their officers, employees, and agents, from any and all liability, loss, damages, or expenses which are sustained or required arising out of the actions of your dependent in the course of the camp/ event.

Participant Name (Please Print)

Signature of Parent/ Guardian

Date