



Briar Cliff Chargers' 2011 Volleyball Camp



**Briar Cliff University
Sioux City, Iowa**

July 25-28

High School Skills Camp

Grades 9-12

Camp Program

The Chargers' High School Skills Camp is designed to focus on fundamentals skill, both positional and team. It is our goal that participants gain improved volleyball skills and become excited about high level volleyball.

Camp Director

Former Pro Beach volleyball player Jill Muhé is the Head Volleyball Coach at Briar Cliff University and will direct the Chargers' 2011 High School Skills Camp. In Coach Muhé's first season, she led the Chargers to a 20-17 record and their first appearance at the NAIA National tournament.

Camp Features

- Free camp T-shirt
- Skill development stressed
- Specific positional work focus
- Several camp awards

Camp Dates and Times

\$135 per individual

Position Session: 9:00 a.m. to 12:00 p.m.

Team Session: 1:30 p.m. to 4:00 p.m.



Camp Gear

Bring your own practice clothes, volleyball shoes and your enthusiasm!

Insurance

Campers must be covered by their family insurance policy. Briar Cliff University is not responsible for injuries.

Questions

Contact Coach Jill Muhe at (712) 279-5262 or jill.muhe@briarcliff.edu,
or Kathy Myres, athletic administrator at (712) 279-1646 or kathy.myres@briarcliff.edu.

REGISTRATION

Enrollment is limited. To register for Chargers' 2011 High School Skills Camp, complete this form and the Parent/Guardian Release & Indemnity Agreement and mail to address below.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Grade Next Year 9 10 11 12

T-shirt size (please circle) (adult sizes): S____ M____ L____ XL____

Cost: \$135

Note: Cancellations will be refunded minus a \$25 processing fee.

Parent/Guardian Release & Indemnity Agreement

To: 2011 Briar Cliff University Chargers' High School Skills Camp

We (or I) hereby request that you accept the application for enrollment of _____ in the 2011 Briar Cliff University High School Skills Camp ("Camp") during the dates set forth in this application. In consideration of your acceptance of this application, we/I, whether one or more, hereby release the Board of Trustees and employees of Briar Cliff University from any claims arising from injuries which may be sustained by our (or my) child while attending the Camp; and we/I agree to indemnify the Board of Trustees and employees of Briar Cliff University from any claims which may hereafter arise as a result of injuries sustained by our/my child while attending the Camp

Signed _____

Date _____ Phone _____

Make checks for \$135 payable to

BRIAR CLIFF VOLLEYBALL

Send registration and payment to

Jill Muhé, Volleyball Camp
Briar Cliff University
3303 Rebecca Street
Sioux City, Iowa 51104