

# Registration Form VBT

REGISTER AND PAY ONLINE AND BE IMMEDIATELY ENROLLED IN THE CAMP! GO TO WWW.UMDBULLDOGSPORTCAMP.COM AND CLICK ON THE VOLLEYBALL TAB. IF YOU PREFER TO REGISTER BY MAIL, PLEASE COMPLETE THE FOLLOWING FORM IN FULL AND MAIL IT TO THE ADDRESS AT THE BOTTOM.

### Team's Contact/Coach (REQUIRED):

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**\*REQUIRED as all camp communication will be via email**

High School \_\_\_\_\_

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Parent's e-mail \_\_\_\_\_

**\*REQUIRED as all camp communication will be via email**

High School \_\_\_\_\_

Grade (16-17 school year ) \_\_\_\_\_ Height \_\_\_\_\_

Volleyball Position at Camp \_\_\_\_\_

Camp Option: Overnight \_\_\_\_\_ Day \_\_\_\_\_

Roommate preference \_\_\_\_\_

(only 2 campers per room)

T-shirt size: XL \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ S \_\_\_\_\_

(adult sizes)

**Medical Information forms must be sent BEFORE the start of your camp session.**

**Send fully completed registration form, medical consent form & a check (full camp fee) to:**

**UMD Sports Camp • 170 SpHC  
1216 Ordean Court • Duluth, MN 55812**

Please make checks payable to UMD Athletics

**A full payment and completed insurance information are required with your registration.**

**\*\*If you wish to pay by credit card, you must enroll online.\*\***

Amount enclosed \_\_\_\_\_

Check # \_\_\_\_\_

## Team Camp

### Grades 8-12

Friday, July 21 Registration @ 12:00 - 1:30pm  
Camp runs from 2:00pm - 9:30pm  
(pizza night)

Saturday, July 22 Camp runs from 8:00am - 5:00pm  
(teams will depart/check-out once eliminated from playoffs)

### Camp Features:

- Designed for teams looking to compete against varsity level teams
- Guaranteed 5 matches including playoffs
- Instruction and team training session to start camp
- Each team is required to bring a coach or chaperone (coach will receive free room & board)
- For teams wishing to have additional coaches attend, contact Jim Boos at (218)-726-7968
- On-campus meals and pizza night
- Each camper will receive a camp t-shirt
- 7 player minimum required to bring a team, preferred roster of 8 + players

Family and friends are invited to attend the camp and watch their team anytime during the camp.

Questions? Call Head Coach Jim Boos at (218) 726-7968 or e-mail at [jboos@d.umn.edu](mailto:jboos@d.umn.edu)

## Team Camp

Overnight Camper - \$130  
(Includes instruction, lodging, meals including breakfast, camp t-shirt)

Day Camper - \$110  
(Includes instruction, meals (does not include breakfast), camp t-shirt)

Medical Information forms must be sent BEFORE the start of your camp session.

A full payment and completed insurance information are required with your registration.

NON PROFIT ORG  
US POSTAGE  
PAID  
DULUTH, MN  
PERMIT NO 705

UNIVERSITY OF MINNESOTA DULUTH  
Department of Intercollegiate Athletics  
170 Sports & Health Center  
1216 Ordean Court  
Duluth, MN 55812-3032  
Address Service Requested

# UMD VOLLEYBALL TEAM CAMP



## BULLDOG COUNTRY

27 NSIC/NCC  
CONFERENCE CHAMPIONSHIPS

23

ALL-AMERICANS

19 NCAA  
TOURNAMENT APPEARANCES

## Jim Boos Camp Director



The winningest coach in the history of UMD volleyball, head coach Jim Boos took over the Bulldog program in 2002 and immediately led the team to the forefront of the NCAA Division II scene. UMD has transformed into a perennial national title contender under Boos, making 14 trips to the NCAA II National tournament from 2002 to 2016. The 2016 season included a four week stretch as the #1 ranked team in the nation, qualifying for the NCAA II Central Region Tournament and finishing the season ranked seventh in the American Volleyball Coaches Association national poll. The 2016 season also included Coach Boos' 400th career coaching victory



## Christyn May Assistant Coach

Christyn May, the 2012 AVCA Division II National Assistant Coach of the Year, is currently in her thirteenth season as an assistant coach for the University of Minnesota Duluth and serves a critical role for the Bulldogs' success. May came to the Bulldogs after spending four seasons at her alma mater, the University of Nebraska-Omaha, where she was a member of the 1996 DII National Championship team. She also serves as the head coach for the Minnesota North Junior Olympic volleyball team.



## Kate Lange Assistant Coach

Kate Lange, the 2013 AVCA Division II National Player of the Year, is currently in her second season as Graduate Assistant Coach for the University of Minnesota Duluth. Lange played for the Bulldogs from 2010-2013 and is one of the most decorated players in Bulldog Volleyball history including being the program's all-time kill leader. She also serves as a coach for the Minnesota North Junior Olympic volleyball program.

## Insurance and Medical Treatment

All campers must have medical insurance. You must register online or complete the enrollment form on the far right column of this page in full including all medical and insurance information. By signing the Consent for Participation and Medical Information form, you acknowledge the inherent risk of injury by participation. An injury can range from minor injury to a major injury. Such injuries could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, other chronic disabling conditions, and even death. If your son or daughter experiences a minor injury, first aid will be provided. For a major injury, an ambulance will be summoned to transport your son or daughter to a hospital.

## Meals

For those camps which include meals, meals are provided by UMD Food Service in the Residence Hall Dining Center or by local restaurants in an alternate dining area, including one evening where there will be a pizza night.

## Housing

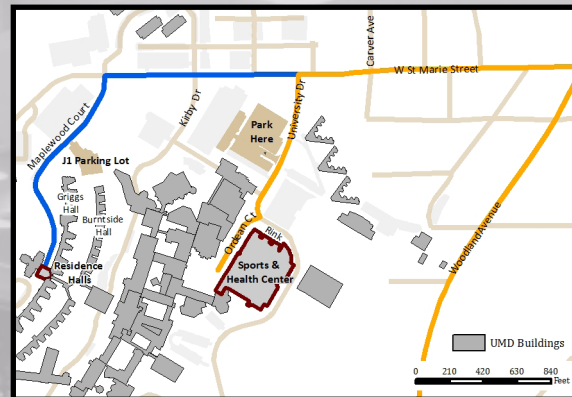
All overnight campers will be housed, one or two to a room, in a university residence hall. There are no accommodations for a three person room. Housing Staff and Supervisors will include coaches staying in the dorm for the duration of each camp. If you are requesting a roommate, BOTH you and your preferred roommate must request one another on your online enrollment forms or on your mailed in registration forms.

## Cancelation Policy

Partial refunds (75% of the camp fee), are only allowed due to medical necessity and must be accompanied by medical verification. UMD athletics reserves the right to change and/or cancel camps at any time, in which a full refund will be issued.

## Individual Volleyball Camps

<b>Specialized Postional Training Camp</b>		
Grades 7-12		
Monday, June 26 - Wednesday, June 28		
Overnight Camper		\$320
Day Camper		\$290
<b>Top Dog Elite Camp</b>		
Grades 9-12		
Thursday June 29 - Saturday July 1		
Overnight Camper		\$340
Day Camper		\$310
<b>Youth Camp</b>		
Grades 2-6		
Monday, July 17 - Wednesday, July 19		
9:00-11:30am (daily)		\$80



## DIRECTIONS

Directions to Sports & Health Center from Hwy 53 (traveling South on HWY 53)

- Turn Left onto Arrowhead Road
  - Turn Right onto Carver Avenue
  - Turn Right onto East St. Marie Street
  - Turn Left onto University Drive
  - Veer Right at the first stop sign onto Ordean Court
- Sports & Health Center is on the left

Directions to Sports & Health Center from I-35 (traveling North on I-35)

- Take 21st Ave. East (exit 258)
  - Turn Left onto 21st Ave. East
  - Turn Right onto Woodland Avenue
  - Turn Left onto E. St. Marie Street
  - Turn Left onto University Drive
  - Veer Right at the first stop sign onto Ordean Court
- Sports & Health Center is on the left

Parking is available in Lot "G" the pay lot (on University Drive) across the street from Malosky Stadium.

Phone Number: 218-726-8168 - Athletic Front Office  
Fax Number: 218-726-6529

## What to Bring

- Bedding (long size twin) including pillow and blanket/ sleeping bag
- Towels
- Water bottle with name on it
- Volleyball shoes and knee pads
- Athletic clothing
- Fan (recommended)

## UMD Athletics Consent For Participation and Medical Information

Camper's name \_\_\_\_\_

High School \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Emergency contact phone # \_\_\_\_\_

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

Policy No. \_\_\_\_\_

Group No. \_\_\_\_\_

Medical conditions the youth program staff and medical emergency services personnel need to be made aware of:

I wish to register my minor child named above and consent to my child's participation in the Summer Sports Camps and/or Leagues sponsored by the Department of Intercollegiate Athletics of the University of Minnesota Duluth during the summer 2014.

I recognize that participation in recreational and instructional activities, even when well supervised and managed, pose a risk of physical injury to my child, and I agree to assume such a risk on behalf of my child.

I understand that children registered for UMD Athletic's summer sports camps and/or leagues will receive instruction in the basic principles of the sport(s) of their choice(s) and will spend a significant amount of time practicing and performing sporting techniques and performing a variety of enrichment techniques under the supervision of experienced instructors, and I consent to my child's participation in this program.

I consent to the use of video recordings and photographs of my child's participation in UMD Athletics summer sports camp and league programs.

I certify that my child has no medical condition or impairment, including the use of medication, that might inhibit his or her participation.

## RELEASE OF LIABILITY

I, the undersigned, hereby hold the Regents of the University of Minnesota harmless from liability for any and all medical and/or accident expenses which my minor child may incur during his/her involvement in the Summer Sports camps and/or leagues at the Department of Intercollegiate Athletics, University of Minnesota Duluth. I hereby certify that my child is provided coverage via personal health and accident insurance in effect which is sufficient to cover any and all of the expenses, noted above, which might incur:

Parent/Guardian Signature \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_