

2009 Spring Valley High School Volleyball Camp

SESSION ONE

Developmental Volleyball (Grades 2-6th grade)

Developmental Volleyball is a program aimed at offering girls and boys an opportunity to develop the basic skills in passing, setting, serving, and attacking.

It's a great way to learn a new sport, have fun, and develop a healthy mind, body, and soul.

Dates: June 22—23

(Monday & Tuesday)

Time: 9:00 a.m. to 11:00 a.m.

Or

Time: 4:00 p.m. to 6:00 p.m.

Cost per individual: \$45.00

DEADLINE: June 5, 2009

* Receive a \$5.00 discount for friend or sibling

**Questions? Call (803) 865-6735 or e-mail,
drudnik@richland2.org**

SESSION TWO

Intermediate Volleyball (Grades 6-9h grade)

Intermediate Volleyball is a program targeted for Middle (Home Schoolers) and uprising 9th graders.

This camp is aimed towards players improving their serving, passing, setting, and attack skills through repetition and games.

Dates: June 24—25

(Wednesday & Thursday)

Time: 9:00 a.m. to 11:00 a.m.

Or

Time: 4:00 p.m. to 6:00 p.m.

*Cost per individual: \$65.00

DEADLINE: June 5, 2009

*Receive a \$5.00 discount for friend or sibling

**Questions? Call (803) 865-6735 or e-mail,
drudnik@richland2.org**

Instructor: Deanna Rudnik, Spring Valley High School Head Varsity Volleyball Coach. She has worked with Eagan Athletic Association and the EastView Athletic Association in Minnesota. She has coached club volleyball with Carpe Diem, West Columbia; SC Juniors, Columbia, SC; and East View Lighting, Minnesota. She is Certified USAV Official; a member of the South Carolina Athletic Coaches Association and pass CAP I. She continues to play in the Adult United States Association Volleyball in the Palmetto Regions.

Please complete the registration form below and return with CHECK or MONEY ORDER to:

Spring Valley Volleyball Camp

c/o Coach Rudnik

5 Providence Plantation Court

Columbia, SC 29203

Session One 9-11 a.m. _____ Or 4-6p.m. _____ Session Two: 9-11 am _____ or 4-6 p.m. _____

***DISCOUNT:** _____ **Age:** _____ **Fall Grade** _____

Participant Name: _____ Age: _____ Fall Grade: _____

School Attendance _____

Parent/Guardian's Name: _____

Address: _____ City: _____ State _____ Zip: _____

Home: _____ Work: _____ Cell: _____ E-mail _____

WAIVER: I understand that I will provide and pay for all medical treatment for my child(ren) and will not hold Richland School District Two or agents there of, liable for injuries incurred while my child(ren) is attending volleyball camp at Spring Valley High School.

Parent or Guardian Signature: _____ **DATE:** _____

Circle one SHIRT SIZE: **Small** **Medium** **Large** **X-Large**