



June, 2011

Dear Volleyball Camper:

We are looking forward to your arrival on campus for the UW-Whitewater Volleyball Camp. **Check-in for residents and commuters for the All Skills camps will be in Wells West Hall and for the Position camp in Knilans Hall** (see enclosed campus map). A daily schedule is enclosed. Please check the table below for your camp's check-in and check-out times.

Sun	M	T	W	Th	F	Sat
July 3	4	5	6	7	8	9
			All Skills 1 Check-in 5:30-6:30 pm 1 st Session 7:00 pm Williams Center	All Skills 1 sessions	All Skills 1 sessions	All Skills 1 Checkout 8:30 pm
July 10	11	12	13	14	15	16
All Skills 2 Check-in 8:30-10:00 am 1 st Session 10:15 am Williams Center Volleyball Arena	All Skills 2 sessions	All Skills 2 sessions	All Skills 2 Checkout 3:00 pm All Skills 3 Check-in 5:30-6:30 pm 1 st Session 7:00 pm Williams Center Volleyball Arena	All Skills 3 Sessions	All Skills 3 Sessions	All Skills 3 Check-out 8:30 pm
July 17	18	19	20	21	22	23
			Position Camp Check-in 5:30-6:30 pm 1 st Session 7:00 pm Williams Center Volleyball Arena	Position Camp Sessions	Position Camp Sessions	Position Camp Checkout 8:30 pm

Commuters register at the same time as resident campers. All campers should make final payments at the time of registration. Please remember to bring the enclosed Health History Questionnaire/Consent Form. You will not be permitted to participate in camp activities without this form. You will be issued a meal card which must be taken to every meal. If the card is lost, a replacement can be purchased for \$2.00 at the dining hall.

I have enclosed a list of things residence hall campers should bring. To all campers--we look forward to having you and hope that you will have an enjoyable and educational experience while you are here. We'll be playing a lot of volleyball, so get your shoes and knee pads ready!

See you in a few weeks.

Sincerely,

Stacy Boudreau, Head Volleyball Coach & Camp Director
UW-Whitewater Warhawk Volleyball Camps



Enclosures

CONTINUING EDUCATION SERVICES

2005 Roseman Building • 800 West Main Street • Whitewater, WI 53190-1790
Phone 262-472-3165 • FAX 262-472-5241 • E-mail cesevents@uww.edu



June, 2011

Dear Parents:

I would like to take this time to fill you in on some of the details of the UW-Whitewater Volleyball Camp for which your daughter is enrolled. First, I would like to take this opportunity to thank you for permitting your daughter to come to our camp. We will make every effort to see that her experience will be a fun and positive learning opportunity while she is here at UW-Whitewater. There are many activities planned during the day and early evening that will be carefully supervised at all times.

The camp staff will be in the registration area when the campers check in so you can meet with us and we can answer any questions you may have. Please check the following table for your daughter's camp:

Sun	M	T	W	Th	F	Sat
July 3	4	5	6	7	8	9
			All Skills 1 Check-in 5:30-6:30 pm 1 st Session 7:00 pm Williams Center	All Skills 1 sessions	All Skills 1 sessions	All Skills 1 Checkout 8:30 pm
July 10	11	12	13	14	15	16
All Skills 2 Check-in 8:30-10:00 am 1 st Session 10:15 am Williams Center Volleyball Arena	All Skills 2 sessions	All Skills 2 sessions	All Skills 2 Checkout 3:00 pm All Skills 3 Check-in 5:30-6:30 pm 1 st Session 7:00 pm Williams Center Volleyball Arena	All Skills 3 Sessions	All Skills 3 Sessions	All Skills 3 Check-out 8:30 pm
July 17	18	19	20	21	22	23
			Position Camp Check-in 5:30-6:30 pm 1 st Session 7:00 pm Williams Center Volleyball Arena	Position Camp Sessions	Position Camp Sessions	Position Camp Checkout 8:30 pm

-Over-



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I am sure, as a concerned parent, you would like to know more about the camp.

HOUSING: The staff will also be staying in the residence halls with the campers. Should you need to contact your daughter at camp, you may call these numbers:

262-472-3165	Continuing Education/Camp Office - 7 am to 4:30 pm
472-3494	Wells Hall Staff Room for All Skills Camps - 4:30 pm to 7 am
472-2882	Knilans Hall Staff Room for Position – 4:30 pm to 7 am If no one answers, leave a message on the answering machine and your call will be returned by a camp staff member.)
472-4200	Emergency Phone

HEALTH SERVICE: Should your child require medical attention, an assessment will be made by the camp health supervisor and appropriate measures will be taken. UW-Whitewater camps have the full cooperation of Fort Atkinson Memorial Hospital and emergency room personnel. We must have the enclosed Health History Questionnaire/Consent Form completed.

FOOD SERVICE: Your daughter will receive three well-balanced meals every day. Your daughter will be receiving a meal card which must be brought to every meal. If the card is lost, a replacement card can be purchased for \$2.00.

ACTIVITIES: In addition to instruction in volleyball, there will be plenty of volleyball game playing. Other recreational activities will also be available.

Sincerely,



Stacy Boudreau, Head Volleyball Coach & Camp Director
UW-Whitewater Warhawk Volleyball Camps

RESIDENTS' REMINDER LIST

Necessities

Sheets**

Blankets**

**a sleeping bag may be more convenient

Pillow

Toothbrush

Toiletries (soap, shampoo, etc.)

Towels/wash cloths

Robe

Hair dryer

Knee pads, if you use them

Water Bottle

Gym clothes

Coat

Swimsuit

Fan (no air conditioning)

Cooler (no refrigerator in rooms)—Ice may be purchased at the dining hall.

There will also be sweat shirts, T-shirts, and shorts for sale at the camp. Prices range from \$10-\$30.

If you have any questions, contact the Summer Camp office at 262/472-3165.

SEE YOU THERE!

VOLLEYBALL SUMMER CAMP RULES AND REGULATIONS

These rules have been established to make this camp an enjoyable and safe experience for everyone. Any breach of these rules will result in the immediate notification to parents and the student will be dismissed from the camp. Students so dismissed will not receive any refund of camp fees.

1. Smoking, the use of alcohol and other drugs, firearms weapons or fireworks are prohibited. Parents will be notified and violators will be sent home immediately. There will be no refund of fees for violation of this policy.
2. All campers are confined to the University campus property; any trips off campus require written permission from the parent and approval of the camp director or head counselor. All campers making off campus trips must be accompanied by a staff member unless written permission from the parent is provided.
3. Any damage to University property by campers will be paid for by the camper or his/her parents.
4. Campers are encouraged to have their own health insurance as limited accident insurance is provided by the University. University insurance coverage is included in your registration and covers you only while you are on campus and for camp-related accidents. If you are a commuter, this insurance will not cover you while you are traveling to or from camp. Camp insurance does not cover pre-existing injuries.
5. You will be given a meal card that you must bring to every meal. Lost or destroyed cards will be replaced at the dining center at a fee to the camper.
6. Campers are not allowed to enter any residence hall other than the one assigned to their camp. Boys are not allowed to enter girls' rooms and vice versa. With the exception of check-in and check-out, no visitors are permitted in your room at any time.
7. Campers are responsible for their own money and personal items; the University and the camp are not responsible for lost items. KEEP YOUR DOORS AND LOCKERS LOCKED AT ALL TIMES. DO NOT SHARE YOUR ROOM COMBINATION OR KEYS WITH OTHERS.
8. There will be no hazing, taunting or teasing of other campers or guests on campus. Violators will be dealt with accordingly.
9. Daily instruction begins at 9:00 a.m., 2:00 p.m. and 7:00 p.m. Campers and staff will rise at 7:30 a.m. and go to breakfast by 8:00 a.m.

10. Any athletic camper or staff who is ill or injured should report to the Williams Williams Center Training Room and consult with the trainer. Non-athletic injuries or illnesses should be reported to a member of the camp staff.
11. Meals are scheduled for 8:00 a.m., 12:00 noon, and 5:00 p.m. daily. No arrangements are available for between meal snacks or occasional "special trips."
12. All activities will cease at 10:30 p.m. and the doors of the residence hall will be locked at this time. Lights out at 11:00 p.m. Camp staff will insure that these limits are observed.
13. Campers will be in the residence hall at 10:30 p.m., in their rooms by 11:00 p.m. for bed check. Parents will be called if campers are not in their rooms. If a second offense occurs, camper will be sent home.
14. We will issue a key for your room at registration. You will be responsible for your own money and personal articles.
15. Announcements will be at the beginning and end of each session. Ask questions!

ALL SKILLS 2 VOLLEYBALL CAMPS SCHEDULE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY
8:30-10:00 a.m. Check-in	7:45	7:45	7:45
10:15 Introduction & Warm-ups	Wake-up & Breakfast pick-up	Wake-up & Breakfast pick-up	Wake-up & Breakfast pick-up
11:00 Skills Test	9:00 Warm-Up	9:00 Warm-up	9:00 Team Warm-up
12:15 Cool Down	9:15 Hitting Demo	9:15 Team Offensive & Defensive Demo	9:15 Tournament Continues
12:30 Lunch	9:30 Hitting Progression/Stations	9:30 Walk through team offense & defense	11:15 Cool Down
2:00 Warm-up	10:45 Hitting Lines	9:30	11:30 Lunch
2:15 Passing Demo	11:00 Combo Drills / Games	10:15 Controlled Scrimmage	12:15 Room check by staff members
2:30 Passing Progression & Drills	11:30 Cool Down	11:00 Scrimmage	12:45 Team Warm-up
3:45 Passing Games	2:00 Warm-up	11:30 Cool Down	1:00 Tournament Continues
4:15 Cool Down	2:15 Dig Demo	12:00 Lunch	2:30 Awards
4:30 Session Over	2:30 Defensive Stations	2:00 Team Warm-up & Practice	3:00 Check-out
5:00 Dinner	3:10 Serve Demo /Progression	3:30 Tournament Begins	
7:00 Warm-up	3:30 Serving Games	4:30 Cool Down	
7:15 Setting Demo	4:00 Quads W/A theme	5:00 Dinner	
7:30 Setting Progression & Drills	4:30 Cool Down	7:00 Team Warm-up	
8:45 Combo Drills & Games	5:00 Dinner	7:15 Tournament Continues	
9:30 Cool Down & Optional Swim	7:00 Warm-up	9:30 Cool Down & Optional Swim	
10:30 In Residence Hall	7:15 Blocking Demo	10:30 In Residence Hall	
11:00 Lights Out Quiet Hours	7:30 Blocking Progression	11:00 Lights Out/ Quiet Hours	
	8:00 Specialty Sessions (OH-RH/M/S)		
	9:30 Cool Down & Optional Swim		
	10:30 In Residence Hall		
	11:00 Lights Out/ Quiet hours		

ALL VOLLEYBALL INSTRUCTION OCCURS IN WILLIAMS CENTER GYM AREAS

HEALTH HISTORY QUESTIONNAIRE

Participant
 Name _____ Camp/Event _____ Camp Dates _____
 Home Address _____ City _____ State _____ Zip _____
 Sex () M () F D.O.B. _____ Height _____ Weight _____
 Parent/Guardian _____ Relationship _____
 Home Phone _____ Work Phone _____
 Address if different than participant's _____
 Contact person in case of injury or illness. _____
 Name _____ Relationship _____ Phone _____
 Name of Physician _____ Phone _____
 Name of Insurance Co. _____ Policy Number _____

MEDICAL HISTORY

Immunization Record

MMR (measles, mumps, rubella)
 Dose 1 - Immunization at 12 months _____ / _____ / _____
 Dose 2 _____ / _____ / _____
 Tetanus-Diphtheria
 Year of initial series _____ / _____ / _____
 Year of last tetanus booster _____ / _____ / _____

Has the participant ever had major surgery or been hospitalized? () Yes () No
 Please explain any significant operations, accidents, or illness, and last medical attention and reason _____

Does the participant have any physical condition(s) requiring special considerations? Explain _____

Is participant taking medication? () No () Yes
 If YES, complete the consent for medical administration _____

Does participant have allergic reaction to: (check box if YES)

- () Penicillin
 - () Other Antibiotics
 - () Other Medicines (type) _____
 - () Insect Bites/Stings _____
- Has participant had or is presently experiencing the following (check box if YES)?
- () Allergies
 - () Asthma
 - () Bleeding Disorder
 - () Cancer
 - () Colitis
 - () Diabetes
 - () Epilepsy/Seizures/Blackouts
 - () Heart Disease
 - () Hernia
 - () Other _____
 - () High Blood Pressure
 - () Joint Injury/Surgery
 - () Kidney Disease
 - () Menstrual Difficulties
 - () Mental/Emotional Problems
 - () Neck/Back Pain/ Injury
 - () Rheumatic Fever
 - () Tuberculosis
 - () Ulcer

CONSENT FOR MEDICAL TREATMENT

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.
 - By signing below you are giving your consent in advance for 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 in the program activity.
 - By signing below you 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-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.
- Signature of Parent or Guardian if under 18 _____ Date _____ PLEASE COMPLETE CONSENT FORM

CONSENT FOR MEDICATION ADMINISTRATION

PARENTS OF CAMPERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. *Please complete the following:*

- _____ No medication has been brought to camp.
- _____ My son/daughter/ward has brought the following non-prescription medication to camp and will administer it him/herself. Name of Medication(s) _____
- _____ My son/daughter/ward has brought the following emergency medication (i.e., bee sting kit, inhaler) to camp and has our permission to self administer them. Please complete the following.

Name of Medication(s)	Prescribing Doctor	Doctor's Phone
Amount to be taken	How is it taken?	Time(s) of day to be taken
Days to be taken	Special instructions	

_____ My son/daughter/ward has brought the following prescription medication to camp; I understand it must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please complete the following; make copies of this form if needed):

Name of Medication 1	Prescribing Doctor	Doctor's Phone
Amount to be taken	How is it taken?	Time(s) of day to be taken
Days to be taken	Special instructions	

Name of Medication 2	Prescribing Doctor	Doctor's Phone
Amount to be taken	How is it taken?	Time(s) of day to be taken
Days to be taken	Special instructions	

Name of Medication 3	Prescribing Doctor	Doctor's Phone
Amount to be taken	How is it taken?	Time(s) of day to be taken
Days to be taken	Special instructions	

Signature of Parent/Guardian _____ Date _____

PARENTS OF CAMPERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. *Please complete the following:*

- _____ No medication has been brought to camp.
- _____ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:

Name of Medication(s)	Prescribing Doctor	Doctor's Phone
Amount to be taken	How is it taken?	Time(s) of day to be taken
Days to be taken	Special instructions	

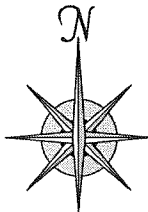
Signature of Parent/Guardian _____ Date _____
 I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following):

Name of Medication 2	Prescribing Doctor	Doctor's Phone
Amount to be taken	How is it taken?	Time(s) of day to be taken
Days to be taken	Special instructions	

Name of Medication 2	Prescribing Doctor	Doctor's Phone
Amount to be taken	How is it taken?	Time(s) of day to be taken
Days to be taken	Special instructions	

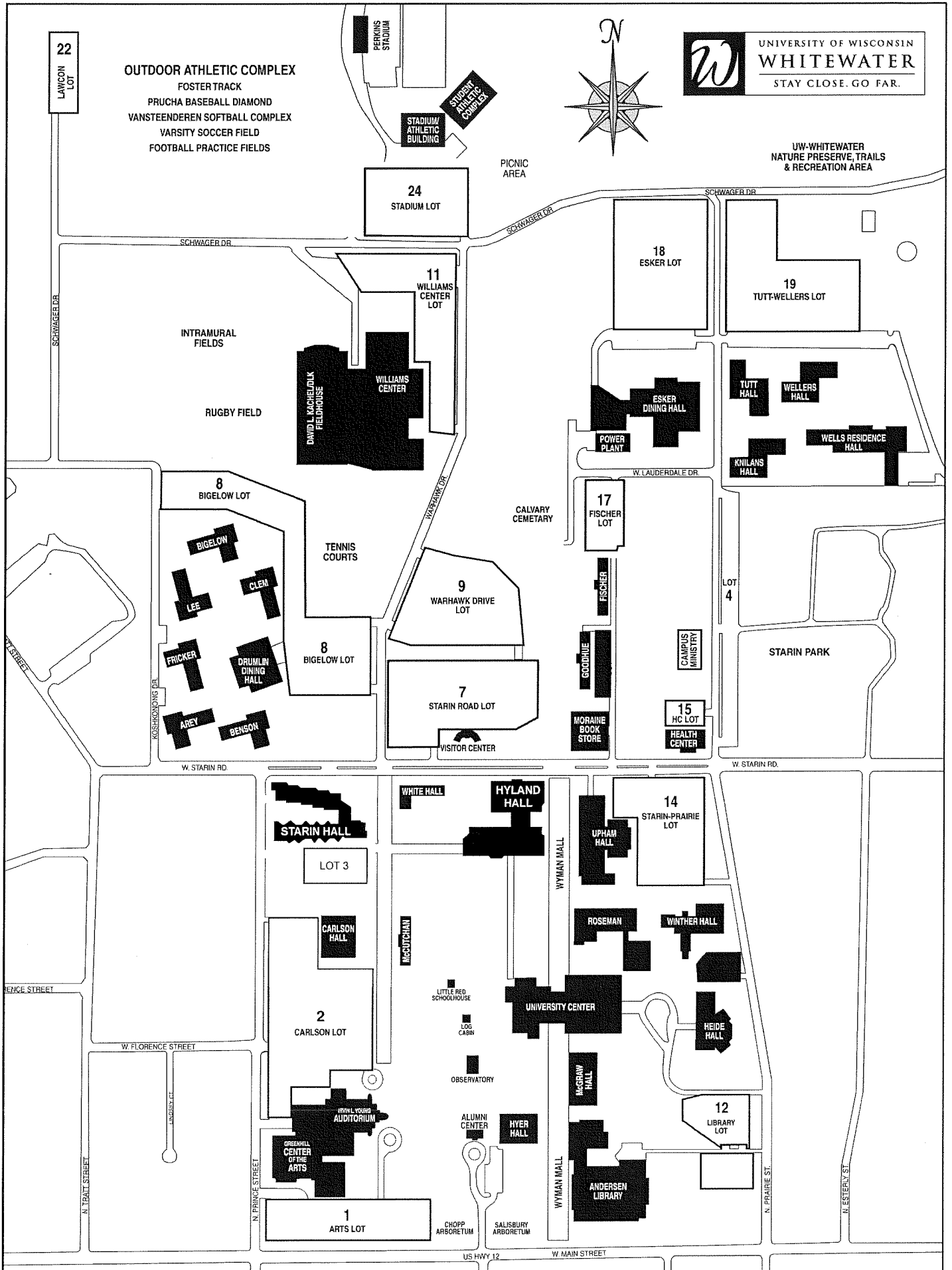
Name of Medication 3	Prescribing Doctor	Doctor's Phone
Amount to be taken	How is it taken?	Time(s) of day to be taken
Days to be taken	Special instructions	

Signature of Parent/Guardian _____ Date _____



OUTDOOR ATHLETIC COMPLEX
FOSTER TRACK
PRUCHA BASEBALL DIAMOND
VANSTEENDEREN SOFTBALL COMPLEX
VARSITY SOCCER FIELD
FOOTBALL PRACTICE FIELDS

UW-WHITEWATER
NATURE PRESERVE, TRAILS
& RECREATION AREA





UNIVERSITY OF WISCONSIN
WHITEWATER
STAY CLOSE. GO FAR.

