



**Josh Steinbach Volleyball Camps**

Villanova University  
Jake Nevin Field House  
800 Lancaster Avenue  
Villanova, PA 19085

**VILLANOVA**  
**VOLLEYBALL**



**2011 Camps**

**Camp I - Team Tournament Camp**  
**July 16 (High School Varsity & J.V. Teams)**  
\$40.00/player  
\$25.00/asst. coach

**Camp II - Individual Skills and Competition Camp**  
**Overnight/Commuter**  
**July 26-30 (Grades 8-12)**  
\$515.00/Overnight  
\$445.00/Commuter





## Josh Steinbach Volleyball Camps

Josh Steinbach Volleyball Camps offer a valuable opportunity to improve your skills and to prepare yourself for your upcoming season. We are committed to improving your game!

### Instruction and Coaching Staff

Our camps will provide outstanding, individual attention to each athlete.

Campers will be screened and divided into skill groups. Opportunities will be provided for progression between groups and for the exceptional player. Campers will be instructed by Villanova's Head Coach, Josh Steinbach, and the Wildcat coaching staff. Additional instructors will include current college volleyball players and high level club coaches. Athletic trainers are on staff during all of our camps.



**Josh Steinbach** (Camp Director)  
Head Coach, Villanova Volleyball  
2007 Big East Volleyball  
Coach of the Year

### Facilities

All camps will be held on the campus of Villanova University, conveniently located a short distance from Philadelphia on the Main Line. Campers will eat their meals in the campus dining facilities, which offer a variety of food options served buffet style, including a hot food line, salad bar, & sandwich station. Overnight campers will be housed in Villanova dorms.

### Air Conditioned Dorms!

## Camp I - Team Tournament Camp

### July 16 (High School Varsity & J.V. Teams)

**9:00am - 5:00 pm**

Check in begins at 8:15 am at Villanova's Jake Nevin Field House located on the corner of Lancaster and Ithan Avenues. 7 player minimum per team. Head Coach is included. Additional coaches are \$25 each. Morning session includes a coaches' clinic with Josh Steinbach and a players' clinic with camp staff. Afternoon session is a team tournament. Lunch is included for all participants.

## Camp II - Individual Skills and Competition Overnight/Commuter Camp

### July 26 - 30 (Grades 8-12)

This camp provides campers with a complete volleyball camp experience. Campers receive extensive court time and individual attention with our 1:8 coach to camper ratio. Campers will focus on individual skills as well as competition and game strategy. In addition, campers will participate in a variety of enrichment sessions which are designed to improve their game (yoga, seminars, conditioning, etc.). Commuter campers do not miss any court or enrichment sessions. Commuter campers are at camp from approximately 8:30am to 8:30pm. Overnight campers will round out their camp experience by staying in the Villanova air conditioned dorms. Supervision by female camp staff is provided overnight in the dorms. A camp athletic trainer is on campus 24/7. Transportation to and from camp is not provided.

### Check-In/Check-Out - Camp II

Check-In for overnight campers will begin at 12:00 pm on July 26th at the main entrance to Stanford Hall. Commuter campers will check-in from 1:30 - 2:00 pm in Jake Nevin Field House. Camp will begin with an evaluation session at 2:00pm. Camp will conclude on July 30th with a Closing Session/Awards Presentation in Jake Nevin Field House at 11:30 am. Parents may attend, if desired. Overnight campers must "move-out" of the dorms immediately following the closing session.

### Transportation

For transportation from the Philadelphia International Airport or Amtrak's 30<sup>th</sup> Street Station, please contact King Limousine, at 1-800-245-5460. Press 1 for reservations. Tell them you are with the Villanova Volleyball Camp to receive the 10% discount price of \$95.00 for a one-way trip. This price includes a sedan pickup at your baggage claim. All reservations must be made at least 48 hours in advance using a credit card. Septa Rail is available directly to Villanova campus from PHL airport as well. Contact us for details.

# 2011 Camp Application

## Please Check:

_____ Camp I - July 16	Team Tournament Camp (H.S. Varsity Teams)	\$40.00/player \$25.00/ asst. coach
_____ Camp II - July 26-30	Overnight Camp (Grades 8-12) Commuter Camp	\$515.00 \$445.00

Please make checks payable to: JSVC, LLC. Mail registration form and check to  
Josh Steinbach Volleyball Camps, Villanova University, Jake Nevin Field House, 800 Lancaster Avenue, Villanova, PA 19085

**CREDIT CARD PAYMENT OPTION:** Payment via credit card is only available with online registration. Parents can complete the registration forms online and pay in full with a credit card. Go to [www.vuvolleyball.com](http://www.vuvolleyball.com) to register.

Receive \$50 multi-player per family discount for camp 2 or Villanova employees receive a \$50 discount for camp 2.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade (Fall 2011) \_\_\_\_\_ School \_\_\_\_\_  
Position \_\_\_\_\_ Roommate Request (Name) \_\_\_\_\_ \*All Rooms Double Occupancy Only  
Parent's Email (email address will be used for confirmation) \_\_\_\_\_

T-Shirt Size S M L XL "adult sizes"

Cancellation Policy: \$10 per player cancellation for camp 1, \$50 charge for camp 2 cancellations. All cancellations must be verified at least 2 weeks before camp begins to receive partial refund; no refund within 2 weeks of camp.

## Medical Insurance & Emergency Contact Information:

Please fill in all information below and sign. This information will be used in the event of any illness or injury that requires medical attention.

Parent/Guardian \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

*I hereby certify that my daughter is in good health and may participate in all camp activities. I will not hold the University or camp personnel responsible in the event of an accident or injury as a result of her participation. I also give permission for my child to be given emergency treatment.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

## RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration for the Attendee being permitted to participate in the Villanova Volleyball Camp (insert camp date) \_\_\_\_\_, I do waive and release forever any and all rights for claims and damages I may have against Villanova University, its trustees, officers, agents, employees, and Coach Steinbach, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury, that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of Villanova University, its trustees, officers, employees, agents, and Coach Steinbach, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown or batted balls. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by Villanova University and that Coach Steinbach is providing this Camp outside the scope of his/her employment with the University. I agree to release, hold harmless, and indemnify Villanova University, its trustees, its officers, its employees, its agents, and Coach Steinbach from any and all claims and liability arising out of the Activity.

Printed Name of Attendee: \_\_\_\_\_ **If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:**

Signature of Attendee: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

Please cut here, complete and return this application with check made payable to JSVC, LLC.

Campers of the Villanova Volleyball Camp are required to submit health information before engaging in camp activity.

**Section I: This section is to be completed by a parent or guardian**

Is your daughter taking medication including prescription or over-the-counter medication (i.e. Tylenol, Advil, etc.)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

*\* If yes, please indicate:*

Reason	Medication(s)	Dosage(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will your daughter be taking any prescription medication during camp hours? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

*\* Please Note: If yes, please have her physician fill out the Medical Consent Section of this form.*

Does your daughter have any allergies? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ *\* If yes, what type:*

	Life Threatening	Mild
_____ Bee Sting	_____	_____
_____ Peanut/Nut	_____	_____
_____ Pollen, trees, grass, weeds, etc.	_____	_____
_____ Drugs _____	_____	_____
_____ Foods _____	_____	_____
_____ Others _____	_____	_____

Please explain allergy in detail and what symptoms occur. \_\_\_\_\_  
\_\_\_\_\_

Does your child have any chronic or reoccurring illness(es)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ *\* If yes, what type:*

\_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes Type I \_\_\_\_\_ Epilepsy \_\_\_\_\_ ADD \_\_\_\_\_ Heart \_\_\_\_\_ Other: \_\_\_\_\_

Please explain \_\_\_\_\_  
\_\_\_\_\_

Is your daughter on a special diet? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ *\* If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

*Please provide us with any additional information about your daughter's health that we should be aware of:* \_\_\_\_\_  
\_\_\_\_\_

**Section II: Medication Consent**

This section is to be completed if this camper will be taking prescription medication while at camp. Campers will not be permitted to take prescription medication without proper completion of this Medication Consent section.

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Reason for medication \_\_\_\_\_

Doctor's orders \_\_\_\_\_  
\_\_\_\_\_

**Section III: This section is to be completed by a physician only if a camper is taking prescription medication during camp**

This camper is in good health and may engage in camp activities.

Signature of Examining Physician \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_

Physician Name and Address (Please use stamp or print) \_\_\_\_\_

If you would like to speak to someone from our camp about this child, please call: (610) 999 - 7269