

Parents must complete this info !!

Please Enroll _____
(camper's name)

The above named participant has my permission to participate in the Dearing Volleyball School. In case of an emergency, I understand every attempt will be made to contact the person (s) below:

Name Phone #'s

If you are unable to contact one of these people, I give my permission to the attending physician to render medical treatment to the participant, including hospitalization (if necessary). Any expense incurred from illness or injury is the responsibility of the person signing below.

Signature _____

Date _____

Insurance Company _____

Policy # _____

Any violation or abuse of rules & regulations of this camp can result in prompt dismissal without refund. This camp must comply with regulations of the MA Dept of Health and licensed by local board of health. Parents may request copies of background check, health care, and discipline policies as well as procedures for filing grievances.

Campers – please complete info below

Campers – please provide the name/address of a friend who would like to receive a brochure.

Name _____

Address _____

City/State/Zip _____



* Register Early
(usually full by Feb. 1)
* Group Discount Available

**Dearing Volleyball School, Inc.
15 Rochford Drive
Wilbraham, MA 01095**

**26th Annual
Dearing
Volleyball School**



*Springfield College (MA)
Blake Arena- Now Air conditioned !!
For 2009 - 10 courts including 4 in
new Fieldhouse-all air conditioned*

2009

**Session 1 July 5 - 8, 2009 For
Girls Entering Grades 7-12**

**Session 2 July 9-11, 2009
"Specialty" Camp
Grades 7-12 and graduating seniors too !**

MAXIMUM ENROLLMENT
Session 1 - 1st 160 campers
Session 2 - 1st 84 campers

**Joel B. Dearing, Director
H 413-596-2436 W 413-748-3438**

Visit www.dearingvolleyballschoo.com
for information and to view camp photos!

E-mail: jbdearing@aol.com

CAMP DIRECTOR



Coach Dearing enters his 21st year as Head Women's Volleyball Coach at Springfield College. He has over 800 career victories as a collegiate coach.

- AVCA Regional Coach of the Year in 1994, 1996, 2003, 2008
- USA Volleyball Level III Certification
- Member of USA Volleyball Coaching Accreditation Program National Faculty
- Author of *Volleyball Fundamentals* and recently published *The Untold Story of William G. Morgan – Inventor of Volleyball*
- International Clinician in Ireland, Aruba, Bermuda, China, Argentina
- Coached eight All-Americans at Springfield Collegego to www.spfldcol.edu for complete women's volleyball team info !
- Led 1996 Springfield College men's team to season ending #1 Div. III National Ranking

STAFF

- Certified Athletic Trainer and R.N. on staff
- Top collegiate and high school coaches
- Counselors will include Springfield College women's volleyball players

Special Features: Talent Show, Olympic size pool, strength & conditioning sessions, leadership training sessions, extra help sessions, awards & 25 years of proven success

SESSIONS

Session 1: July 5 – 8 (Sun 1 PM – Wed 3 PM)
Session 2: July 9 - 11 (Thur 1 PM – Sat 3 PM)
Specialty Camp – specialized training for setters, attackers, liberos... a support letter will be requested from your coach with their confirmation of your "specialty" position

PAYMENT INFORMATION

TUITION COST

Session 1 \$460 – Overnight camper
Sun-Wed \$370 – Commuter Camper
Session 2 \$350 – Overnight camper
Thur-Sat \$290 – Commuter Camper

Register for both sessions

\$800 – Overnight Wed evening housing and meals between sessions included
\$630 – Commuter leave Wed, return Thur
See camp website for detailed descriptions of each session www.dearingvolleyballschoo.com

Overnight Fee includes Camp T-shirt, Room & Board, One free admission to Basketball and Volleyball Halls of Fame & Supplemental Accident Insurance.
Commuter Rate Fee: All of the above but without housing or breakfast (lunch & dinner is included) Note-full day sessions end at 9 PM daily

\$200 non-refundable deposit must accompany application – Medical form due by Sat May 16 & to hold spot Final Balance due by Sat June 6
\$10 Discount – 5 or more from same school

Check – in Time

Ses 1 Sunday, July 5 12:30 – 2:00 PM
Ses 2 Thursday, July 9 12:30 – 2:00 PM
Camp concludes with Awards Ceremony
Ses 1 Wed, July 8 3:00 PM
Ses 2 Sat, July 11 3:00 PM

REGISTRATION

NAME _____

ADDRESS _____

CITY _____ ST _____

ZIP _____ PHONE _____

AGE as of July '09 _____ HS Grad. Year _____

High School Name _____

Years of Experience (circle all that apply)

Varsity JV Freshman Jr Hi Beginner

Position/s: Setter Middle Left Right/Opp
(circle) Libero/Def (attacking positions)

T-Shirt Size: (circle) Sm Med Lar X-Lar

Please check the session/s you are attending:

___ Session 1 July 5 - 8

___ Session 2 July 9 - 11 "Specialty" camp

I will attend: (circle one)

Overnight or Commuter

Parent E-mail address

Camper E-mail address

LIST ONE ROOMMATE REQUEST:

A non-refundable Deposit (\$200) required with application. **Make all checks payable to:**

Dearing Volleyball School, Inc.

Mail to: Joel Dearing
15 Rochford Drive
Wilbraham, MA 01095