

Camp Goals

Zootown Volleyball Great Falls and CMR High School are working in conjunction to move you further along in the world of volleyball knowledge and skills while providing an exciting environment to do so. It is also our goal to advance the sport of volleyball in Eastern Montana and get more girls involved.

Coaching Staff

Patrick Hiller

Zootown Volleyball Club - Director
Head Coach - CMR HS

Taylor Parker

Varsity Assistant-CMR HS

Paula Olsen

Varsity Assistant - CMR HS

Kelly Lindseth

Junior Varsity Coach - CMR HS

Michelle Preston

Sophomore Coach - CMR HS

Sarah Thompson

Freshmen Coach - CMR HS



Camp Dates: June 25th - 27th
Cost of Camp: \$75

*Please send checks
payable to:*

Zootown Volleyball

**Contact Information
&
Registration Address**

Patrick Hiller

Address:

87 Woodland Estates
Great Falls, MT
59404

Cell: 406.360.9089

E-mail: greatfallsztv@gmail.com



GREAT FALLS

presents
**The Volleyball
School**

Hosted by:

Patrick Hiller

June 25th - 27th
CMR High School



*Volleyball taught with
your future in mind.*

Telephone: 406.360.9089

Camp Goals

At camp the girls will learn those skills expected of them at the Freshmen through Varsity level in high school. We will focus on a wide range of hitting, passing, setting, and serving drills. We will also move into the more advanced defensive team sets and more aggressive offensive tactics.

During camp, the girls will play in many competitive situations that will help them develop not only the physical ability to win, but the mind set as well.

In addition, we will take time to discuss training habits for your season including weight training, cardio-training, and plyometric (jump) training.

Camp Ages

We will be running two camps this year. Camp will run June 25th through June 27th. The morning session is available to players entering 5th through 8th grade. The afternoon session is available to players entering 9th through 12th grade. Both sessions will be held at CMR High School.

If you would like to be considered for the high school camp, please contact Patrick and we can work something out.

Morning Session - CMR HS

Grades: 5th - 8th

Time: 8:30 AM - 12:00 PM

Afternoon Session - CMR HS

Grades: 9th - 12th

Time: 12:30 PM - 4:00 PM



Registration (Please Print)

Name:

Address:

Parent Name / Phone Number:

Desired Position on the Court:

Ex: Outside Hitter, Setter, Defensive Specialist

Shirt Size:

YM YL AS AM AL AXL Other: _____

Signing Up For:

Morning (5th-8th) Afternoon(9th-12th)

Camp Dates: June 25th - June 27th Cost of Camp: \$75

Medical Info

Note any medical problems including allergies:

Any Medications:

In case of an emergency, please notify:

Relationship:

Phone Number:

Insurance Company Agent:

Primary Insured:

Group Number:

Participant Social Security Number:

Consent and Release Statement:

I, the undersigned, hereby grant permission for my daughter to participate in "The Volleyball School" at CMR High School. I understand that every effort will be made to contact the parents or guardian in an emergency situation. In the event that a guardian cannot be contacted, I hereby grant permission for my daughter to be evaluated, diagnosed, and/or medicated in accordance with standard medical practice by a licensed medical personnel. I relieve "The Volleyball School" and CMR High School of all consequences that may arise as a result of treatment. The sport of Volleyball inherently has risks and I understand that my daughter may be injured during the camp. Furthermore, I agree to accept an and all financial responsibility as a result of scheduling treatment for such injuries.

Participant Signature

Date

Parent/Guardian Signature

Date