

Duke Volleyball Camp for Girls Skills, Team, and Specialty Camp (Ages 12 - 18)

The Duke Volleyball Camp for Girls is designed to provide campers of all ability levels a rewarding and enjoyable experience. Our staff features Duke coaches, current and former Duke players, college coaches, and experienced club and high school coaches. Campers will receive training in fundamentals, tactics, strength, conditioning and match play.



Team Camp (Girls Ages 12-18)

Team Camp will provide teams and their coaches the opportunity to train and compete against numerous other teams throughout the camp just prior to the high school season. Each team (7 players minimum) must be accompanied by a coach (one coach or chaperone per team). Coaches are responsible for their team; there will be a camp coach assigned to assist each team coach in developing the best offensive and defensive system for your particular team. Team building activities will also be included. For Satellite Camp Information, please call 919-684-2778.

Specialty Camp (Sitter, Hitter, Libero/DS)

Specialty Camp will run simultaneously with the Team Camp. Specialty Campers must be rising 9th - 12th graders. This camp is limited to the first 45 participants. Campers need to sign up at the position they would like to train.

Costs - Skills Camp

Overnight \$470.00 Commuters \$370.00

Family and Duke University employee rates are available. Please call regarding family rates prior to sending in registration. All registrations must be sent together to receive family rate.

Call: 919-684-2778

Team/Specialty Camp - Overnight \$325 - Commuter \$250.00

Please send in Team Camp Registrations together.

Multiple Team Rates Available - call 919-684-2778

Commuters

Commuters participate in the full camp program from registration through checkout, except they will sleep at home. Commuters will attend 9:00 AM- 9:00 PM and receive lunch and dinner in the Duke dining hall.

Registration and Checkout

Registration and check-in will be held from 12:30-2:00 PM on Sunday, July 13, and Friday, July 18, 2008 in Cameron. Camp ends on Wednesday, July 16, at 11:00 AM and Sunday, July 20, 2008 by 2:00 PM. Family and friends are invited to observe. Checkout for all campers will take place in the dorms immediately following at Camp. Commuters will check out in Cameron following the last session. Check-in location and directions will be sent to you prior to the start of camp via e-mail. Hard copies can be sent upon request.



Cancellations

Full payment is due with application. A \$100.00 processing fee is non-refundable for any reason. No refunds within 14 days of camp. Applicants will be accepted on a first come first serve basis. Applications sent within one week of camp requires cash or money order. Returned checks will be subject to a \$25.00 penalty.

Key and Card Deposits

A \$65.00 room key deposit is required and due with application. Lost key charges are \$65.00. Campers will receive a cash refund at checkout when key and is returned.

Confirmation Letter and Medical Forms

All campers will receive a confirmation letter and medical forms via e-mail upon receipt of the application and payment. (Hard copies are available upon request). Do not make travel arrangements until you have received your confirmation letter. In order to participate, campers must have all medical and liability forms filled out and submitted prior to arrival to camp. A fully qualified trainer will be on call 24 hours a day in case of injury or illness. All campers must have health insurance and had a physical after July 22, 2007.

Accommodations

Campers will be housed in the Duke University dorms during their stay. We have a limited number of air-conditioned rooms, which will be assigned on a first-come, first-served basis. We will do our best to place you with your roommate request. Meals will be served in the “Great Hall” and catered to Cameron. The first meal will be the evening meal the first day of camp. No meals will be served following Check Out.

Travel Arrangements

It is the responsibility of each camper to arrange her own transportation to and from camp. Campers flying should book their flights to Raleigh-Durham Airport, attempting to arrive between 9:00 AM and 1:00PM, Sunday, July 13, or Friday, July 18 and departing on Wednesday, July 16, or Sunday, July 20, 2008 after 2:00 PM.

Airport Shuttle Service

Shuttle service to and from Raleigh/Durham Airport is available Sunday, July 13 and Wednesday, July 16. The \$50.00 round-trip fee for this service is due with the application. Service is also available for the Team/Specialty Camps. Must return Shuttle Form by July 1, 2008. Please complete a separate form for each camper.

Make checks payable to: Duke Volleyball Camp  
Send completed application and appropriate fees to:

Duke Volleyball Camp  
PO Box 90555  
Durham, NC 27708-0555

Questions? Call (919) 684-4834

Application Form

Last Name	First Name	MI
Home Address (Street & Number)		
City	State	Zip
Home Phone	Age	DOB
Parent/Guardian		
Work Phone	Fax	
Email		
High School	Grade as of 09/08	
EXPERIENCE		
HS Varsity, yrs	Jr. Varsity, yrs	Jr. High, yrs
Club (team & yrs)		
Height	Position:	<input type="checkbox"/> S <input type="checkbox"/> OH <input type="checkbox"/> MB <input type="checkbox"/> DS

Roommate Preference (name)

T-shirt Size: S M ☐ L ☐ XL

Skill Camp (7/13 - 7/16)

	Overnight	Commuter
Tuition:	\$470	\$370
Key Deposit	\$65	
Camp Shuttle	\$50	\$ 25 (one way)
Duke Employees Discount		\$ 20
Department Employed		

Team Camp or Specialty Camp (7/18 - 7/20) (circle one only)

	Overnight	Commuter
Tuition:	\$325	\$250
Key	\$65	

TOTAL ENCLOSED:

Make checks payable to: Duke Volleyball Camp

Camp Directors



**Jolene Nagel**  
Camp Director, Duke Head Coach

- Career 387-230
- ACC Champions, 2006
- NCAA Tournament 2000,2002,2005-2007
- ACC Coach of the Year 2001, 2006
- East Region Coach of the Year 2000, 2006
- Former Head Coach Georgetown University, 1992-1998
  - BIG EAST Champions, 1998
  - NCAA Tournament, 1998
  - BIG EAST Coach of the Year, 1998
  - District I Coach of the Year, 1998
- Head Coach East Team, U.S. Olympic Festival, 1995
- Former Head Coach Cornell University, 1988-1992
- Ivy League Champions, NIVC Tournament, 1991



**John Wasielewski**  
Co-Program Director  
Duke Associate Head Coach

- Former Head Coach, St. Bonaventure University
- Penn State player 1987-1990
- Final Four 1987, 1989
- US Olypmpic Festival 1986, 1987

**Trudy VandeBerg**  
Co-Program Director  
Duke Assistant Coach

- Former Volunteer Assistant University of Wisconsin
- Former Assistant University of North Florida
- University of Wisconsin-Milwaukee Player 1994-1997
- 1st Team All Horizon - 1997
- 2nd Team All Horizon - 1995 & 1996

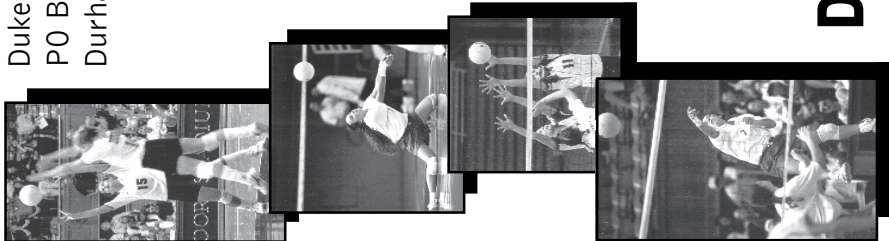
Camp Features

- ⌚ Experienced Staff
- ⌚ Camper-to-staff ratio, 8:1
- ⌚ Evening matches throughout camp
- ⌚ Great facilities at the beautiful Duke University West Campus and famed Cameron Indoor Stadium
- ⌚ FREE Camp T-shirt
- ⌚ FREE Camp Volleyball

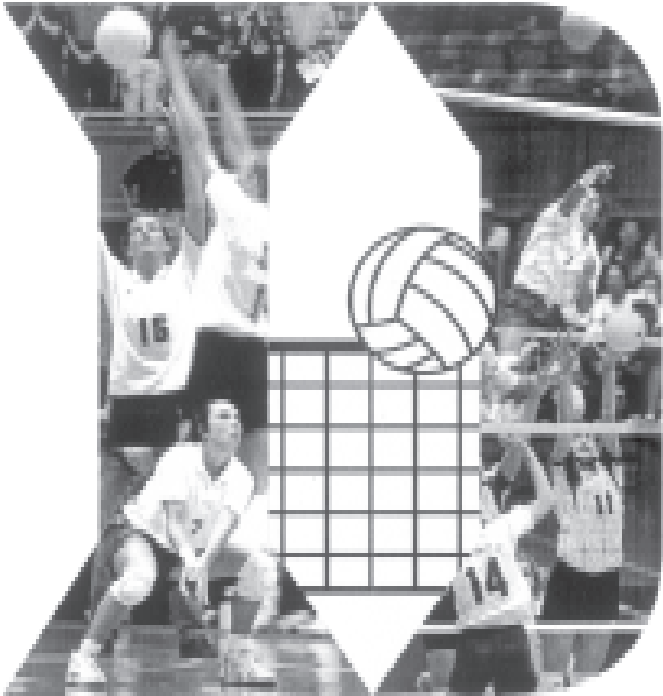
Once your application and total fee has been received, you will receive a confirmation packet via e-mail: (Hard copies sent upon request). Packets will include:

- ⌚ What to bring
- ⌚ Health Form and Waiver (Requires physician signature and camper must have had physical after July 22, 2007.)
- ⌚ Shuttle Form if designated on application
- ⌚ Directions

Duke Volleyball Camp  
PO Box 90555  
Durham, NC 27708-0555



DUKE VOLLEYBALL CAMP



ACC Champions / NCAA Tournament / 1984-86, 1991-94, 2006  
NCAA Tournament 2000, 2001, 2002, 2005, 2006, 2007  
ACC Regular Season Champions 2001, 2006

**Skills Camp - July 13 - 16, 2008**  
**Team Camp - July 18 - 20, 2008**  
**Specialty Camp - July 18 - 20, 2008**

For Information Call: 919-684-2778 or  
919-684-4834 or  
jnagel@duaa.duke.edu  
www.goduke.com

# Duke Volleyball Camp

Box 90555; Durham, NC 27708 Phone: 919-684-4834

## WAIVER AND RELEASE STATEMENT

The undersigned being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health, and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

I understand that, as a participant in the camp, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby release the Duke Volleyball Camp, Duke University, the Duke University Athletic Department, Jolene Nagel and all other employees or agents of the camp from any liability from any loss or damage of personal property, injury or illness, mental or physical suffered by the camper during or related to camp.

Participant's Name: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

This is the \_\_\_\_\_ day of \_\_\_\_\_, 2008.

## Please Return ASAP

Mail To:  
Duke Volleyball Camp  
Cameron Indoor Stadium  
Box 90555  
Durham, NC 27708

CAMPER'S NAME: \_\_\_\_\_

## DUKE SUMMER CAMP HEALTH FORM

This form must be completed and signed by the camper's legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while camp is in session. **This form will be returned to you if it is incomplete.** Please type or print in **black ink**.

### CAMPER INFORMATION

Camper's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

### MEDICAL EMERGENCY CONTACT INFORMATION

Person to contact first:	Backup contact (relative or friend):
Name _____	Name _____
Relation to camper _____	Relation to camper _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____

### INSURANCE POLICY INFORMATION

The above-named child is covered by health insurance: \_\_\_\_ Yes \_\_\_\_ No

If yes, provide the following information which is required by Duke University Medical Center to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name \_\_\_\_\_ P.H.'s Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Relation to Camper \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
P.H.'s Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Insurance Company's Address \_\_\_\_\_  
Policy # \_\_\_\_\_ Plan # \_\_\_\_\_

### MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named camper, authorize the Duke Summer Camp staff to seek medical treatment for the camper as they see necessary at Duke University Medical Center or another nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the camp staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Camp staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Camp staff will notify me or my designee as soon as possible of any and all diagnoses and treatments.

\_\_\_\_\_  
Legal Guardian's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

CAMPER'S NAME: \_\_\_\_\_

**Directions:** Completion of this form by a parent or guardian is required before a student can enter camp. Please answer all questions. **Incomplete forms will be returned to you for the missing information.** Please type or print in black ink. Attach any specific recommendations from your physician to this form.

**DOES THE CAMPER CURRENTLY HAVE ANY OF THE FOLLOWING?** (if yes, please describe)

Drug allergies: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Allergies to insect bites: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Asthma: \_\_\_\_\_

Frequent headaches: \_\_\_\_\_

Dizziness or seizures: \_\_\_\_\_

**LIST:** Other health problems: \_\_\_\_\_

Limitations of Activities: \_\_\_\_\_

Medications the camper is currently taking: \_\_\_\_\_

(Please note: Our staff cannot administer any medications, prescription or non-prescription to campers. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the camper will need to take medications while attending our program, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated.)

Will your son/daughter require any specific treatment for a medical/emotional condition while participating in our program? If yes, please explain. \_\_\_\_\_ yes \_\_\_\_\_ no

**MEDICAL HISTORY**

IMMUNIZATION DATES:

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Rubella \_\_\_\_\_

OR MMR \_\_\_\_\_

Last Tetanus \_\_\_\_\_

(DPT, TT or TD)

Polio Series completes \_\_\_\_\_

Date of last medical check-up: \_\_\_\_\_

Reasons for any hospitalizations in the past 5 years:

**PHYSICIAN'S INFORMATION** (to be completed by physician) Please **PRINT** the following information:

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

*I have examined the above named camper and found she/he to be able to participate in all activities of the Duke University Volleyball camp.*

Physician's Signature

Print Name

Date

## **CAMP SHUTTLE SERVICE FORM**

*If needed, please enclose \$50.00 for the shuttle with this form.*

**NAME**

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### **ARRIVING FLIGHT INFORMATION:**

**Airline:** \_\_\_\_\_ **Flight No.** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_

**Connecting City before Raleigh/Durham:**

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**Friends Traveling With:** \_\_\_\_\_

### **DEPARTING FLIGHT INFORMATION:**

**Airline:** \_\_\_\_\_ **Flight No.** \_\_\_\_\_ **Departure Time:** \_\_\_\_\_

**Friends Traveling With:** \_\_\_\_\_

**Name & Phone of contact if camper is not on arriving flight or misses departing flight:**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Due to the September 11<sup>th</sup> tragedies, Airport security has been heightened. Therefore we will not be able to meet you at the gate, nor will we be able to stop at the curbside and wait for campers. Go to the baggage area where we will have a Duke Volleyball Camp representative there to meet and direct you to the shuttle. A van with a sign in the window indicating Duke Volleyball Camp will pick you up there. We appreciate your cooperation.**

<b>DUE JULY 1, 2008</b>
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**OFFICE USE ONLY:** \_\_\_\_\_ **RECEIVED** \_\_\_\_\_ **PAID**