

## CAMP INFORMATION

- Teams will play a minimum of 28 games with rally scoring and officials for each match.
- We will also have instructional times throughout the camp for competitive drills and techniques

## CAMP FACILITIES

- Air-conditioned Stambaugh Stadium and Beeghly Center accommodate 10+ courts just a short walk from Lyden House
- Keep cool in the air-conditioned rooms of one of Ohio's finest collegiate dormitories

## HOUSING AND DINING

- All resident campers and coaches will stay two to a room in the YSU dormitories
- Campers and coaches should bring their own bedding (pillow, blankets & sheets)
- Staff members will provide supervision
- Resident campers receive breakfast with all campers receiving lunch and dinner at Christman Dining Hall located next to residence halls

## COST

- Resident Camper - \$220
- Commuter - \$200
- Assistant Coaches - \$100 resident or \$80 commuter
- Team reservations are on a first-come, first-served basis
- Reservations can be made immediately by sending a \$220 deposit (applied toward overall balance) accompanied by the attached registration form
- The remaining balance for each member is due by June 23, 2009
- Coaches will receive a roster to list all attending team members along with the balance due
- Additional team members may be added to the roster until registration

**PENGUINS**

**PENGUINS**

**VOLLEYBALL**

**Varsity Team Camps**  
**July 10-12 & July 17-19**

## REGISTRATION FORM

**(Make Check payable to YSU Volleyball Team Camp)**

High School: \_\_\_\_\_ Coaches Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Deposit enclosed: \$ \_\_\_\_\_ (Balance due 6/23/09)

Please Check session attending: July 10-12 \_\_\_\_\_ July 17-19 \_\_\_\_\_ Coaches T-shirt size M—L—XL—XXL

Mail to:

Joe Bonner – Volleyball Team Camp  
One University Plaza  
Youngstown OH 44555

## CAMP DIRECTOR

Head Coach **Joe Bonner** is headed into his fifth year with YSU. Bonner has been a Division I coach for nine years and knows what it takes to make a program successful. In 2006 he brought in a top 100 recruiting class, and has begun making his mark at YSU. Each season Bonner coached the Penguins to career-best numbers and more victorious seasons. As an assistant, Bonner attended five NCAA tournaments with two different programs, including a second round berth in 2003.

### BONNERS NUMBERS:

- 3 Northeast Conference Championships
- 2 Atlantic-10 Championships
- 10 All Conference Players
- 4 Players of the Year



## ASSISTANT DIRECTOR

Assistant Coach **Darcy Thompson** is headed into her second season with the Penguins. She graduated from Robert Morris, where she started as Libero for three seasons. Thompson was a two-time first team selection for the Colonials where she holds the single season record for digs in a season (718). She has also worked as an assistant at Dayton and Villanova prior to coming to Youngstown State. Here at YSU, Thompson works with serve receive and backrow defense as well as recruiting and day-to-day operations.

## TEAM CAMP COMPETITION

- Last year more than **60** teams from **4** states participated in one of the most competitive team camps in the Midwest
- Numerous teams went on to successful seasons including
  - Conference champions
  - Top 5 state poll rankings
  - Regional finalists
  - State tournament participants including a runner-up
- Team Camp has **SOLD OUT** each year so get your spot reserved by registering early!

## TEAM CAMP CONCEPT

- Participating schools will send their best players to Youngstown State University along with coaches or other team representatives (No J.V. teams please)
- Each camp participant will receive instruction throughout the camp
- All teams will play a minimum of 28 games consisting of pool play, challenge matches and a single elimination tournament split into Gold and Silver divisions
- Awards will be presented at the conclusion of each session crowning each YSU Varsity Team Camp Champion

## REGISTRATION

- All coaches and players will report to Lyden House for check-in beginning at **9:00am** Friday, July 10 and Friday, July 17
- Check out will take place Sunday, July 12 and Sunday, July 19 by **4:00pm**

## HOW TO REGISTER

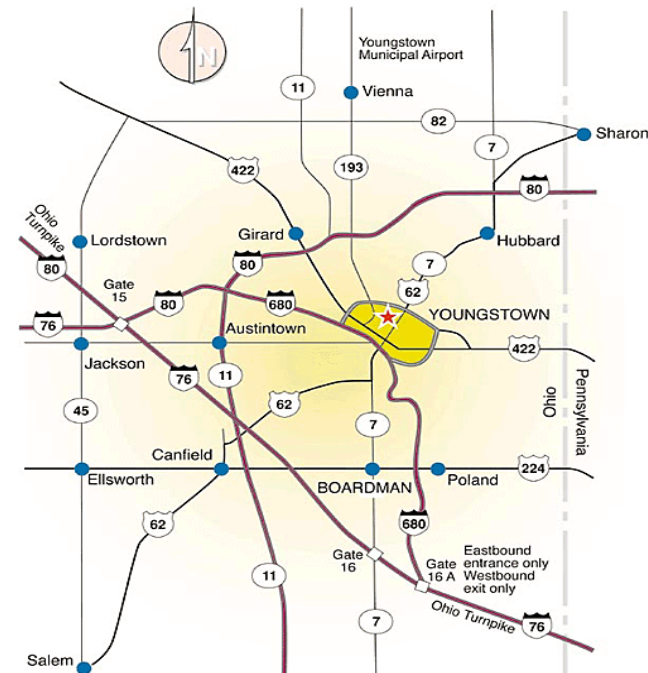
- Send the attached application form and your non-refundable team deposit of **\$220.00** (payable to YSU Volleyball Team Camp) to the following address:

*Joe Bonner-Volleyball Team Camp  
Youngstown State University  
One University Plaza  
Youngstown, OH 44555*

- Any questions contact Joe Bonner or Darcy Thompson between 9:00am and 4:00pm at **330.941.1920** (voicemail available) or email: [jabonner@ysu.edu](mailto:jabonner@ysu.edu) or [dathompson@ysu.edu](mailto:dathompson@ysu.edu)



## LOCATION



## TENTATIVE DAILY SCHEDULE

- Day 1
  - 9:00-11:00am - Check-in
  - 1:00 pm - Play Begins
  - 10:00 pm - Last match ends
- Day 2
  - 8:00 am - Play Begins
  - 12:30 pm - Competitive drill demo
  - 10:00 pm - Last match ends
- Day 3
  - 8:00 am - Play Begins
  - 12:30pm - Single elimination tournament begins

## DISCOUNT INFORMATION

- \$20** Discount if attending Team Camp & Skills Camp
- YSU (immediate family) discount of **\$20** applied toward one camp only

**VOLLEYBALL MEDICAL INFORMATION AND WAIVER PERMIT**

**Camper's Name** \_\_\_\_\_

**Parent's Medical Insurance Carrier** \_\_\_\_\_

**Insurance Group #** \_\_\_\_\_

**Insurance Policy #** \_\_\_\_\_

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the Youngstown State University Summer Camp held at Youngstown State University (collectively referred to as "UNIVERSITY"):

In consideration for \_\_\_\_\_ being allowed to participate in said activity, it is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the camper and his/her parents and/or legal guardian as indicated by the signature hereto. I hereby certify that the above named camper is physically able to participate in the camp and that I know of no physical impairments which would in any manner limit his/her participation in the program.

I, for myself, and on behalf of my child, hereby release, waive and discharge UNIVERSITY, its instructors, agents and employees from every claim, liability or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine. I further agree to indemnify the UNIVERSITY from any loss, liability, damage or cost it may incur due to my participation in said activity in any way whether caused by the UNIVERSITY or otherwise. I also certify that I am the legal parent or guardian of the above named camper and have full right to provide this release.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**VOLLEYBALL MEDICAL INFORMATION AND WAIVER PERMIT**

**Camper's Name** \_\_\_\_\_

**Parent's Medical Insurance Carrier** \_\_\_\_\_

**Insurance Group #** \_\_\_\_\_

**Insurance Policy #** \_\_\_\_\_

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the Youngstown State University Summer Camp held at Youngstown State University (collectively referred to as "UNIVERSITY"):

In consideration for \_\_\_\_\_ being allowed to participate in said activity, it is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the camper and his/her parents and/or legal guardian as indicated by the signature hereto. I hereby certify that the above named camper is physically able to participate in the camp and that I know of no physical impairments which would in any manner limit his/her participation in the program.

I, for myself, and on behalf of my child, hereby release, waive and discharge UNIVERSITY, its instructors, agents and employees from every claim, liability or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine. I further agree to indemnify the UNIVERSITY from any loss, liability, damage or cost it may incur due to my participation in said activity in any way whether caused by the UNIVERSITY or otherwise. I also certify that I am the legal parent or guardian of the above named camper and have full right to provide this release.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_