

CAMP DATES, TIMES & COSTS:

SESSION 1: (Individual Developmental)

Date: Mon.-Wed. July 7 – July 9

Time: 9:00am-4:00pm

Cost: \$250.00 (\$265.00 for walkups)

SESSION 2: (Individual Developmental)

Date: Thurs.-Sat. July 10 – July 12

Time: 9:00am-4:00pm (July 10,11) 9:00am-12:00pm (July 12)

Cost: \$250.00 (\$265.00 for walkups)

SESSION 3: (Overnight Team Camp)

(Minimum 8 kids per team)

Date: Sat.-Tues. July 12 – July 15

Time: 4pm-9pm (July 12) 9am-9pm (July 13,14) 9am-4pm (July 15)

Cost: \$300.00 (Per Player. Includes: All meals and housing)

(Commuter Team for the Camp: Cost is \$275 per kid)

SESSION 4: (Elite High School Camp)

Date: Wed.-Fri. July 16 – July 18

Time: 9:00am-4:00pm

Cost: \$250.00 (\$265.00 for walkups)

GENERAL INFORMATION:

LOCATION:

Instruction takes place in brand new, state of the art, University Center located on Nova Southeastern's maincampus. The main arena is home to the NSU's intercollegiate program. There is one main court and two practice/game ready courts on the upper level. University Center Arena: 3301 College Ave.Ft. Lauderdale, FL 3331

CHECK IN:

Check in for *Individual Camps* will be the first day of the camp in front of the University Center drop off circle from 8:30am-9:00am. For the *Team Camp*, check in will be the first day in front of the University Center drop off circle from 3:00pm-3:45pm.

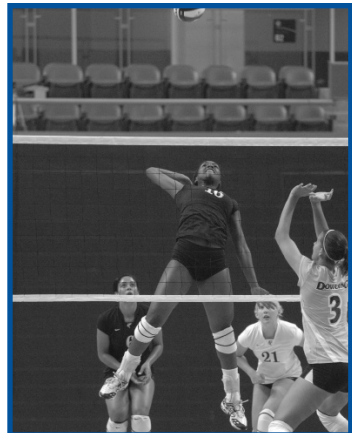
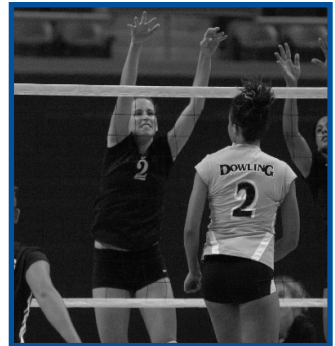
REGISTRATION:

Early registration deadline is June 27. Walk up registration is welcome, however there is an addition \$15 fee addition to the registration.

PLAYER INFORMATION:

T-Shirt Size: S M L

Positions Played: Outside Hitter--Middle Blocker--Libero--Setter
(Please detach this page or include this information when you send in your registration form, money, and signed waiver)



ABOUT THE COACHES:

Head Coach: Steve Wilcosky



Steve Wilcosky led the volleyball team to unprecedented heights in his second year at the helm for Nova Southeastern University. In 2007, Wilcosky guided the Sharks to a 15 win improvement over the previous year, a second place finish in the ultra-competitive Sunshine State Conference, and the program's first birth and win in the NCAA Division II South Region Tournament.

The Sharks also set multiple program records in 2007, including most wins in a season since joining the NCAA Division II, fewest losses, best win/loss percentage, longest winning streak, longest games winning streak, most consecutive sweeps, highest ranked team ever beaten, and received votes in the national poll for the first time in program history.

The team also set statistical program records for most kills, assists, hitting percentage, aces, digs, and blocks in 2007. For his accomplishments in 2007, Wilcosky was honored as the Sunshine State Conference coach of the year.

Prior to his time with the High Point volleyball program, Wilcosky had a successful five-year stint as an assistant coach at Greensboro College. While at Greensboro, the team captured a pair of USA South Conference Titles in 2000 and 2004. He also helped develop two conference Players of the Year, three Freshman of the Year, 20 All-Conference performers and an honorable mention All-American.

In addition to his work at the collegiate level, Wilcosky served as the head coach of Team Florida Select Red, which finished 7th out of 35 teams in the High Performance Championships in 2007. He also acted as a USA Volleyball Developmental Coach in the off-season. He also serves as head coach of the 16 elite Boomer's volleyball club, which is a local club program in Broward County.

CAMP INFORMATION:

WHAT TO BRING/WEAR:

All campers should bring t-shirts, shorts, volleyball shoes, socks, and knee pads.

If you are an overnight camper please bring your own sheets, pillows, blankets, and toiletries.

Campers must have all documentation with them, if not already turned in along with registration fees. You cannot participate without the medical waiver or insurance.

MEALS:

All individuals campers can bring their own bag lunch or may bring money to purchase food at the UC food court. Team campers will have all meals provided for them.

Assistant Coach: Michelle Piantadosi



Michelle Piantadosi has just finished her second year as an assistant coach for the NSU Volleyball program.

Piantadosi helped the Sharks reach unprecedented heights in her second year at Nova Southeastern University. In 2007, the Sharks had a 15 win improvement over the previous year, a second place finish in the ultra-competitive Sunshine State Conference, and the program's first birth and win in the NCAA Division II South Region Tournament.

Piantadosi came to NSU following a highly successful four year career at the University of Tennessee where she was a two-year captain. During her time with the Vols, Piantadosi was a four-year starter and earned Honorable Mention All-American Honors after her senior season, while also being selected to the USA volleyball A2 team.

Following her career at Tennessee, Piantadosi extended her playing career by playing professionally in Salzburg, Austria and San Juan, Puerto Rico.

During her collegiate and professional careers, she held various coaching positions such as heading up a high school and two beginner level teams in Salzburg as well as working three years at Tennessee Summer Volleyball Camps and two years at East Tennessee State University.

CAMP INFORMATION:

INDIVIDUAL CAMP:

The individual camp sessions are designed to improve the basic skills of volleyball: serving, passing, setting, attaching, and blocking. In addition to the basic skills, campers will be taught to work on defensive and offensive systems. There will be sessions working on basic skills and also sessions working on team skills. There will be scrimmage games at the end of each day. The *ELITE CAMP* will follow the same format, but it will be geared towards high school athletes.

TEAM CAMP:

Team camp will consist of about 8-10 local and out of state High School programs. There will be college coach skill sessions, both team and positional, during the day portion of camp. In the evening there will be competitive play and tournament play until the completion of the camp.

FURTHER QUESTIONS:

Please contact, Michelle Piantadosi at the NSU Volleyball Office at (954) 262-8226 or email Assistant Coach, Piantadosi at piantado@nova.edu

INDIVIDUAL REGISTRATION

Please fill out the information below accordingly. If there is more than one participant you are registering please fill out page 24 as well. Provide one address for all participants registering for the camp.

Participant Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email Address: _____

Day Phone #: _____ Evening Phone #: _____

Emergency Contact: _____ Phone #: _____

Please Indicate Which Camp(s) You Will Be Attending:

- | | | | |
|--|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball Camp | <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 2 | |
| <input type="checkbox"/> Cheerleading Camp | <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 2 | |
| <input type="checkbox"/> Men's Basketball Camp | <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 2 | |
| <input type="checkbox"/> Men's Soccer Camp | <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 2 | <input type="checkbox"/> Session 3 |
| <input type="checkbox"/> Rowing Camp | <input type="checkbox"/> Session 1 | | |
| <input type="checkbox"/> Softball Camp | <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 2 | |
| <input type="checkbox"/> Volleyball Camp | <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 2 | <input type="checkbox"/> Session 4 |
| <input type="checkbox"/> Women's Basketball Camp | <input type="checkbox"/> Session 3 | | |
| <input type="checkbox"/> Women's Soccer Camp | <input type="checkbox"/> Session 1 | | |

PAYMENT INFORMATION

Payment Type:

_____ Check (# _____) Amount: _____

_____ Money Order (# _____) Amount: _____

(Make checks payable to NSU ATHLETICS)

Send Check/Money Order to: NSU Department of Athletics

Attn: Summer Camps 3301 College Ave. Ft. Lauderdale, FL 33314

TEAM REGISTRATION

Please fill out the information below accordingly. If there is more than one team you are registering please indicate so below. Provide one address for all teams that are registering for the camp.

Coach Name:

(If more than 1 team) Coach Name:

Organization Name:

(If more than 1 team) Organization Name:

Age Range(s):

Number of Participants:

Address:

City:

State:

Zip:

Email Address:

Day Phone #:

Evening Phone #:

Please Indicate Which Camp(s) You Will Be Attending:

- | | |
|--|---|
| <input type="checkbox"/> Men's Basketball Camp | <input type="checkbox"/> Session 3 (TC) |
| <input type="checkbox"/> Volleyball Camp | <input type="checkbox"/> Session 3 (TC, Overnight Optional) |
| <input type="checkbox"/> Women's Basketball Camp | <input type="checkbox"/> Sesssin 1 (TC) <input type="checkbox"/> Session 2 (TC) |
| <input type="checkbox"/> Women's Soccer Camp | <input type="checkbox"/> Session 1 |

PAYMENT INFORMATION

Payment Type:

____ Check (# _____) Amount: _____

____ Money Order (# _____) Amount: _____

(Make checks payable to NSU ATHLETICS)

Send Check/Money Order to: NSU Department of Athletics

Attn: Summer Camps 3301 College Ave. Ft. Lauderdale, FL 33314

LIABILITY FORM AND PERMISSION TO TREAT

THIS RELEASE OF LIABILITY AND INDEMNIFICATION (the "Release") is executed by _____
whose address is _____
in favor of NOVA SOUTHEASTERN UNIVERSITY, INC., a Florida not for profit corporation (the "University"), whose address is 3301 College Avenue, Fort Lauderdale, Florida 33314.

For and in consideration of my child being allowed to participate in the _____ Camp(the "Activity"), and in full recognition and appreciation of the risks involved in the Activity, I (we), as parent(s) and/or legal guardian(s), do hereby release and forever discharge the University, its trustees, officers, agents, and employees (hereafter collectively called the "Releasees"), from any and all liability for any injury, damage, claim, demand, action, cost, and expense of any nature that my child may at any time have or incur, arising out of or in any manner related to any loss, damage or injury, including, but not limited to suffering and death, that may be sustained by my child or by any property belonging to us or my child, while participating in the Activity.

I (we) agree to indemnify, defend and hold the Releasees harmless from any and all liability for any injury, claim, demand, action, damage, loss, liability, fine, penalty, cost or expense (including, without limitation, reasonable attorney's fees) of every kind or nature asserted by any party against a Releasee or incurred by any Releasee and arising directly or indirectly from or in connection with my child's participation in the Activity or any activities related thereto. The provisions of this section shall survive the expiration or earlier termination of this agreement.

I acknowledge that my child's participation in the Activity is purely voluntary and is in no way mandated by the University. I (we) further acknowledge that the University does not carry any medical insurance that would cover any medical bills for injuries or illnesses resulting from my child's participation. Consequently, I (we) agree that I (we) will be fully responsible to pay any such bills.

For purposes of this Release, participation in the Activity shall include transportation to and from the homes of the participants and other transportation related to the Activity.

I (we) represent to the University that there are no health-related reasons or problems that preclude or restrict my child's full and safe participation in the Activity.

If an emergency and/or medical situation occurs and WE CANNOT LOCATE EITHER PARENT/GUARDIAN, please identify EMERGENCY CONTACT(S). Include name, phone numbers (home, business and cell) and relationship:

1. _____
2. _____

Any Medical Conditions/Medicines _____

PERMISSION TO TREAT

I (we) authorize and give my (our) consent to any licensed health professional to provide reasonable, necessary medical treatment. This authorization is intended to include emergency treatment and procedures. I (we) agree to assume all costs related to such treatment.

I (we) agree that if any portion of this document is held to be invalid or unenforceable by a court of competent jurisdiction, then the remaining portion shall nevertheless continue in full force and effect to the maximum extent permitted by law.

I (WE) HAVE READ THIS DOCUMENT CAREFULLY, FULLY UNDERSTAND ITS CONTENTS, KNOW THAT IT IS LEGALLY BINDING, AND ACKNOWLEDGE THAT BY SIGNING BELOW I (WE) MAY RELEASE AND WAIVE CERTAIN LEGAL RIGHTS THAT I (WE) OTHERWISE MIGHT HAVE.

Participant Name

Participant Signature

Parent and/or Legal Guardian's Name

Parent and/or Legal Guardian's Signature (Required if participant under 18 years of age)

Date