

**MEDICAL HISTORY  
MUST BE COMPLETED**

(Explain Thoroughly any Yes Responses)

Any medical conditions currently under treatment?

Any pre-existing injury currently under treatment?

Any asthma and/or allergies (including drugs, food)?

Any mental disorders or convulsions?

Any past illness of more than one week in duration?

Contact lenses or glasses? \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_  
EXPLANATIONS: (please enclose note for explanations)

**MEDICAL INFORMATION & AUTHORIZATION TO PARTICI-  
PATE:**

\_\_\_\_\_ has been examined within the last 12 months and no medical reason has been found that she/he cannot participate in this camp. Her/his records show that all immunizations are up to date. Date of last tetanus and diphtheria immunization \_\_\_\_\_

I agree that in case of an accident involving my child while attending this camp and with the full awareness that volleyball is an activity that may involve risk of injury, I release the Delaware Volleyball Camps, Bonnie Kenny and the University of Delaware from any and all liability for any injuries or illnesses incurred while at camp. In case of an emergency, I give permission to the appropriate summer camp personnel to have my child properly transported to a medical facility for care. I understand that the Delaware Volleyball Camp LLC, Bonnie Kenny and the University of Delaware does not provide medical insurance and that I will be responsible for all medical expenses incurred.

This camp has adopted the following procedures in caring for your child when she/he becomes sick or injured while attending camp. (1) The camp will call home, if there is no answer (2) The camp will call the father's, mother's, or guardian's place of employment, if there is no answer (3) The camp will call the other phone numbers listed and the physician (4) If none of the above answer, the camp will call an ambulance, if necessary, to transport the child to a local medical facility (5) Based upon the judgment of the attending physician, the child may be admitted to a local medical facility (6) The camp will continue to call the parents, guardian and physician until one is reached. If I cannot be reached and the camp authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on medical judgment of the attending physician.

By signing below, I agree to all the terms detailed above.

\_\_\_\_\_  
Parent/Guardian Signature Date  
The Delaware Volleyball Camp LLC, its director and the director's assistant, reserves the right to reject any application. The Delaware Volleyball Camp LLC, its Director and the director's assistant also reserves the right to dismiss anyone from camp who has acted inappropriately during the camp. A camper whose behavior has been deemed inappropriate and/or does not abide by camp rules, will be required to depart camp as soon as parents have been informed and transportation is secured. Any travel expenses incurred are the responsibility of the camper and/or his/her parents.

**The Delaware Volleyball Camp LLC is independently run and not a University sponsored program.**



Delaware Volleyball Camp LLC  
PO Box 331  
Newark DE 19715-0331

# Delaware Volleyball Camp 2011



Girls Ages 11-18

Directed by:  
Bonnie Kenny  
Head Coach at the  
University of Delaware

Please Contact us at:  
[delawarevolleyballcamp@hotmail.com](mailto:delawarevolleyballcamp@hotmail.com)

Under the direction of Coach Bonnie Kenny, the Delaware Volleyball Camp LLC aims to provide each camper with outstanding instruction. A staff assembled from some of the top collegiate and high school coaches, as well as some of the top collegiate players. Located at one of the nation's finest college athletic facilities.

As one of the top clinicians in the country, Coach Kenny's philosophy focuses not only on fundamental skills and techniques, but also important life skills.

**Coaching Staff**



**Bonnie Kenny** enters her tenth season as head coach at the University of Delaware. With over 25 years of coaching experience Coach Kenny brings a wealth of volleyball knowledge that will enhance the game of players at any level.



**Cindy Gregory** enters her tenth season with the University of Delaware. She was named associate head coach in 2004. She worked with Coach Kenny for seven years at the University of Massachusetts before coming to Delaware.



**Astyn Bjorklund** is in her first season with the University of Delaware. In addition to being at Delaware, Astyn has Division III coaching experience with Macalester College and has also coached Club for Northern Lights Juniors in Minnesota.

**CAMP SCHEDULE**  
(Subject to Change)

**Sunday**

6:00 pm Registration — Eat before you come!

**Monday- Wednesday**

7:00- 8:00 am Breakfast  
8:30-11:00 am Morning Session  
11:30-12:30 pm Lunch  
1:00-3:30 pm Afternoon Session  
3:30-4:30 pm Free Time  
5:00-6:00 pm Dinner  
6:30-8:30 Evening Session  
9:00-10:30 pm Activities for Overnight Campers  
11:00 pm Lights Out

**Thursday**

8:00- 11:00 am Tournament Play and Check Out

**What to Bring:**

- |                         |                                      |
|-------------------------|--------------------------------------|
| Knee Pads               | Shorts and T-Shirts                  |
| Volleyball Shoes        | Alarm Clock                          |
| Personal Items          | Bedding and Pillow                   |
| Athletic Tape if needed | (Dorms have A/C so bring a blanket!) |
| Theme Night Apparel     |                                      |

Camp is Open to All Entrants:

Limited only by number, age, grade level, and/or gender.

**Payment Policy**

**Full payment is due at time of registration.**

Camp will fill on a first come, first served basis. Early registrations are strongly encouraged. Without advanced reservations and full payment, participation cannot be guaranteed. Reservation only guarantees participation for camper listed on registration form. Registration is nontransferable. Commuters will receive lunch and dinner.

**REFUND POLICY:** Refund requests must be submitted in writing by June 1st. An administrative fee of \$200 is non-refundable. **NO REFUNDS WILL BE ISSUED UNTIL CAMP HAS ENDED. THERE IS NO TAX ID # AVAILABLE**

**For more information or regarding an emergency:**  
Email: [delawarevolleyballcamp@hotmail.com](mailto:delawarevolleyballcamp@hotmail.com)  
Call: (410) 620-9188  
Visit [www.delawarevolleyballcamp.com](http://www.delawarevolleyballcamp.com)

**Registration Form**  
**2011 Delaware Volleyball Camp**

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

Circle Camp Session(s) Attending:

Session 1: July 10-14 and/or Session 2: July 17-21

AGE \_\_\_\_\_ GRADE for FALL \_\_\_\_\_

E-MAIL ADDRESS (required for confirmation)

\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

ROOMMATE REQUEST (if applicable) \_\_\_\_\_

How many years have you played volleyball? \_\_\_\_\_

T-SHIRT SIZE: (x the appropriate size in an adult shirt)

\_\_\_S \_\_\_M \_\_\_L \_\_\_XL

**ENCLOSED IS MY CHECK FOR FULL PAYMENT OF:**

\_\_\_\$575 OVERNIGHT \_\_\_\$525 COMMUTER

**Make check payable to:**  
**Bonnie Kenny, Delaware Volleyball Camp LLC**  
Mail to: PO Box 331  
Newark, DE 19715-0331

EMERGENCY HEALTH INFORMATION

Mother's Name \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Father's Name \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_

If parent/guardian cannot be reached, call (name and Phone):

\_\_\_\_\_

My family physician is \_\_\_\_\_

Phone ( ) \_\_\_\_\_