



Southern Nazarene University 2020 Volleyball Camps



About us

The SNU Volleyball program has become a strong program in Division II, winning its first ever Great American Conference Championship and a trip to the NCAA Division II National Championships in 2016. The Crimson Storm have finished in the top 3 of the Great American Conference 5 out of the 6 year since joining the NCAA. With success comes the expectation and desire to continue to get better. Our desire is to take our success and knowledge, and facilitate learning at the beginning, intermediate and advanced levels. Camp instruction is provided by SNU Head Coach Kevin Ingram, SNU Assistant Coach Nikki Dieball, as well as current and former SNU players.



Fundamental Skills Camp: June 8th -10th (\$115)

Daily Running Time is 9am-1pm

The Skills camp features training on the basic fundamentals of volleyball including passing, serve receive, setting, serving, hitting and blocking. Players will be challenged to refine and further develop their basic skill sets. Our focus for this camp is lots of reps and continued development of the basic skills. Open to 4th through 12th graders.

Elite Camp: June 4th & 5th (\$165)

Daily Running Time is 9am-12pm & 1pm-4pm

The Elite Camp is geared toward the serious, experienced volleyball player wanting to take their game to the next level through intense training. Sessions will be broken down in to skills training/technical aspects and team drills/game situations. Attending the elite camp will give players a glimpse into the life of the SNU college volleyball player. Open to grades 10-12 as well as 2 and 4 year prospects.

2 Ways to Register:

- 1.) Register online at www.snuvolleyballcamp.com
- 2.) Fill out the registration forms and mail with a check to:
Southern Nazarene University (Attn: Kevin Ingram)
6729 NW 39th Expressway
Bethany, OK 73008



(Registration Form) _____ Skills Camp _____ Elite Camp (Check Camp)
(Please Print Clearly All Information)!

Name _____ Grade you will be entering _____
Address _____ City _____ State _____
Zip Code _____ Phone # _____ Email _____

Please Check ONE of the following:

- ___ NO Club Experience
- ___ 1-2 Years of Club Experience
- ___ 3-4 Years of Club Experience
- ___ 5 or More Years of Club Experience

Camp will include instruction from Crimson Storm Coaches and Players, Camp Ball and Concession Stand.

****Elite Campers will need to bring a lunch or have transportation available to go get lunch.**

To Complete (Mail in Camp Registration) Please Mail:

1. Registration Form 2. Expectation, Liability Release & Medical Authorization Form 3. Deposit or Full Payment

Mail completed forms with (\$25 deposit, or full payment) made payable to SNU VOLLEYBALL CAMP. Deposit is non-refundable. No refunds will be given for early withdrawal. Mail deposit or full payment and all forms to Kevin Ingram, Head Volleyball Coach, Southern Nazarene University, 6729 NW 39th Expressway, Bethany, Oklahoma, 73008.

For question or concerns you can contact Coach Ingram at kingram@snu.edu



COMMONS & CONFERENCE SERVICES

Adult or Minor Participant Expectation, Liability Release, & Medical Emergency Treatment Authorization

Name of Event: _____ Date(s) of Event: _____

Participant Name: _____

(if participant is a minor under 18 or is legally disabled, Parent and/or Guardian must execute this Release)

Participant's Date of Birth: _____

Participant's Address: _____

Parent or Guardian's Name (if applicable): _____

Parent or Guardian's Address (if applicable): _____

I hereby acknowledge the following:

Informed Consent: I have been informed by the organizers of this Trip/Event and am confident that I understand the various aspects of this Trip/Event including but not limited to the arrangements for finances, travel, itinerary and logistics. I further understand and acknowledge that despite careful planning and supervision, serious injuries might occur during this Trip/Event. Persons involved may sustain fatal or serious injury, property damage, or severe social and/or economic loss as a consequence of not only their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, weather conditions, conditions of equipment, language barriers, differing social cultures and laws. There may also be other risks not foreseeable at this time.

Acceptance of Risk and Release of Liability: I accept full responsibility for the foregoing risk of injury, permanent disability or death, on behalf of myself or minor participant, if applicable. In consideration of the opportunity to participate in this Trip/Use of Pool/Event, I release and discharge Southern Nazarene University, its officers, employees, and agents (herein after collectively referred to as "University") from all liability defined herein arising out of or in connection with my participation in the above described Trip/Event. For the purpose of this Agreement, liability means all claims, demands, causes of action, suits or judgments of any kind (including court costs and attorney's fees) that I, my heirs, executors, administrators, assignees, or any other person or entity may have against the University because of my death, personal injury, illness, or for any loss. I hereby agree that this Agreement shall be constructed in accordance with the laws of the State of Oklahoma.

Indemnification: I, my heirs, successors, and representatives agree not to sue the University and hold harmless, defend, and indemnify the University from any and all liability as described above that may occur due to my and/or minor participant's participation.

I Understand that SNU is Owned by the Church of the Nazarene and has beliefs consistent with the sponsoring denomination. As a campus guest, I agree to respect these guidelines and I will abide by the expectations of this community while on the SNU campus.

Rules and Requirements: I agree on behalf of myself and/or minor participant to accept all the rules and requirements of the Trip/Event and to follow instructions when given by a University or any Trip/Event official. I acknowledge that as an adult I am responsible for my actions and cannot expect 24-hour supervision by a University or any Trip/Event official. I further grant the right to the University or any Trip/Event official to terminate my participation in the Trip/Event if it is determined that my conduct is detrimental to the best interest of the group. In the event that I must return home, costs shall be at my own personal expense.

Medical Insurance: I hereby confirm that I and/or the minor participant are covered by medical insurance that will pay for medical services required and/or received for the period of the Trip/Event.

Medical Consent: In the event of any medical emergency, I authorize and consent on behalf of myself and/or minor participant, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and/or hospital care deemed necessary for my safety and protection.

**Continue to 2nd page.

I HAVE READ THIS AGREEMENT AND RELEASE ALL LIABILITY AND UNDERSTAND THE TERMS. I EXECUTE THIS AGREEMENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Date

Cell Phone

Signature of Participant or Adult Guardian

Address

Printed Name of Participant or Adult Guardian

City

State

Zip

EMERGENCY CONTACT INFORMATION FOR SOUTHERN NAZARENE UNIVERSITY

Emergency Contact Information – I

Name: _____

Relationship to Participant: _____

Cell Number: _____

Home Phone: _____

Emergency Contact Information – II

Name: _____

Relationship to Participant: _____

Cell Number: _____

Home Phone: _____

Physician's Name: _____ Phone: _____

Health Insurance Co: _____

Ins ID#: _____

Medical/Health Information: Please describe below any health (medical/physical/psychological/emotional/other) conditions, special circumstances, medications, or allergies the University should be aware of:

Both pages of the form must be completed and turned in prior to the event and prior to participation.

**SOUTHERN NAZARENE UNIVERSITY
Conference Services
6612 NW 42nd Street
Bethany, OK 73008**