



# 2019 HUHS SUMMER BOYS VOLLEYBALL CAMPS

@ HARTFORD UNION HIGH SCHOOL

Hartford Union High School (HUHS) is pleased to announce the inaugural summer boys volleyball camp. The HUHS BOYS VOLLEYBALL Camps are under the direction of the Boys Varsity Volleyball Coach/HUHS Social Studies Teacher Terry Wick. This summer we be offering a week long camp for middle school aged boys. Summer is the best time to improve one's game.

## BOYS MIDDLE SCHOOL CAMP

**Dates:** July 22-25

**Grades:** 6th - 9th Grade **Time:** 6:00 pm – 8:00 pm

**Cost:** \$50.00

**Location:** HUHS Small Gym

**Camp Description:** The HUHS Boys Volleyball Camp is your chance to work with the high school coaching staff and team. Daily topics for the week include ball passing, setting and hitting skills. Technique training is followed by practice games as well as game-like situations. This camp allows for the inexperienced player to learn the game and the experienced player to work on their technical and tactical game.

**Each camper will receive: a camp T-Shirt and hours of fun with quality volleyball instruction.**

Please turn this over for the back side information.

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### HUHS BOYS VOLLEYBALL SUMMER CAMPS Registration Form

I would like to enroll in the 2019 HUHS Boys Volleyball Summer Camp. I hereby waive, release, and forever discharge all staff members of the HUHS boys volleyball camps of any liability or claims arising out of any loss, personal injury, or property damage that may occur as a result in participation in this program. I grant my son permission to participate in this program.

Player's Name \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: YS YM YL  
Parent/Guardian Name: \_\_\_\_\_ AS AM AL AXL  
E-mail: \_\_\_\_\_ Phone # (Home or Cell): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Emergency Contact and Phone: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**Send completed form and check made out to "HUHS Boys Volleyball Camps" Attn: Terry Wick to:**

**805 Cedar St, Hartford, WI 53027**

## Camp Philosophy

The coaches at the HUHS boys volleyball camp are dedicated to improving the quality of volleyball in the greater HUHS School district through furthering their education and continuously playing the game. Our mission and philosophy is to use the game of volleyball as a vehicle to cultivate productive members of society. Our motto of "Building a Foundation" is used daily in our summer camps.

## Camp Director

### **Terry Wick**

- Social Studies teacher at H.U.H.S.
- Varsity Boys Volleyball Coach (H.U.H.S.)
- U.S.A. Volleyball Association Impact Certified
- Over 10 years as a Volleyball Camp Instructor/Director
- Eclipse Boys Volleyball Coach
- Former Lake Country Boys VB Club Coach: 16s and 18s level

Questions?? Contact Coach Terry Wick (262) 224-3396  
or email [terry.wick@huhs.org](mailto:terry.wick@huhs.org)



**Money Back Guarantee... ....we are so confident in our camp atmosphere that we will give you a 100% refund if your son does not have a fun week of volleyball!**

This material has been provided by a non-profit organization and is disseminated for informational purposes only and does not reflect the views, nor is it necessarily endorsed by the School District of Hartford Jt #1 (or any of the K-8 HUHS Associate Districts), its administration or faculty.

**Registration Deadlines:** To guarantee a Camp T-Shirt, please have your registration submitted by:

- June 21st, 2019

**Discounts:**

- Please take \$5 off each camper's registration fee if they are a returning camper
- Family Discount - \$5 off each additional family member \$100 - \$10 = \$90

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**As a Parent it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.**

[www.wiaawi.org/Health/Concussions](http://www.wiaawi.org/Health/Concussions)

**Parent/Guardian Agreement:** I \_\_\_\_\_ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



