



Individual Camp July 13-15, 2018 | Grades: 8-12

Cost: \$285 Resident (includes Lodging and All Meals) / **\$210 Off-Campus** (includes lunch and dinner)

Individual Camp offers a chance for each camper to intensely focus on their game. The camp will cover both fundamental and advanced skills. The campers will be broken up by position and skilllevel. There will also be the opportunity to interact with current Bulldog players

Ben Briney

Head Volleyball Coach, Camp Director



Ben Briney will begin his 10th season as head coach this fall at Truman. He has led the team to a 200-101 record. He led the team to the 2014 GLVC West Division as well as the 2014 and 2016 Conference Tournament titles. The team has been nationally ranked for 57 weeks, including two weeks in the Top Ten, as well as making five trips to the NCAA tournament during his tenure. Briney also coached the school's second AVCA National Freshman of the Year and only 4x All American in Megan Sharpe.

As head coach Briney has coached 30 All-Conference award winners, two Conference Freshman of the Year, a Conference Player and Libero of the Year, and three players to 8 AVCA All-American awards.

During his time as an assistant, the Bulldogs went 137-22, twice made the National Quarterfinals, and advanced to the National Semifinals in 2008. Briney also coached six different players to 11 All-America Awards.

Erin Higgins

Assistant Coach, Assistant Camp Director



Erin Higgins starts her second season at Truman after a successful three-year tenure as the head coach for the Blue Devils of Davenport Central High School in Iowa. With Higgins at the helm, Central improved its finishes in the Mississippi Athletic Conference (MAC) from eighth in 2014 to fifth in 2015 and fourth in the fall of 2016. During that span, Higgins coached 10 All-Conference, three All-Metro and three All-District performers.

Higgins played her collegiate volleyball in the GLVC at Missouri-St. Louis as a four-year starter/letterwinner. The Pleasant Valley product was named First-Team All-GLVC in 2009, second-team nods in both 2010 and 2011 when she was a senior co-captain. In the program's record book for a career, she is seventh in kills (1,027), attempts (2,627) and block assists (244).

Higgins has also seen coaching stints at the Platform Elite Volleyball Club in the Quad Cities since 2013 and the Lady D's Youth Feeder Program in Davenport since 2014

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REGISTRATION

Please complete forms on this sheet and return by mail to:

Erin Higgins, Assistant Volleyball Coach
Truman State University
100 E. Normal, Kirksville, MO 63501

Be sure to include a copy of a physical performed within the last year. Last year's high school physical will work. There is a \$100 nonrefundable deposit due at registration.

Make all checks payable to **Truman Volleyball Camp**.

CHECK-IN/CHECK-OUT

Individual Camp

July 13.....1-2:00 pm Check-in at dorm

July 152:00 pm Check-out at dorm

HOUSING

Will be in air-conditioned residence halls on the campus of Truman State University. Sessions will be held at various sites on and off campus.

MEDICAL

A certified athletic trainer will be on site to care for minor injuries and other medical needs. Each participant should have her own medical insurance. Any medical bills incurred will be billed to the participant's insurance company. Parents must complete the consent form and fill out appropriate insurance information enclosed in this brochure.

RULES

Truman State University Volleyball Camp reserves the right to send a camper home, without refund, if she does not conduct herself in a manner that will enhance proper and safe learning along with good sportsmanship.

STAFF

Current and former Truman players will participate in the camp to work with the campers and pass on first-hand knowledge of elite skills. There will be time for campers to ask questions and get to know the players. We also will be employing successful coaches from all levels: high schools, clubs, and other colleges.

ITEMS TO BRING

T-Shirts	Towel
Shorts/Spandex	Alarm Clock
Volleyball Shoes	Water Bottle
Knee Pads	Sports Bra
Toiletry Items	Blankets
Socks (EXTRA)	Flip Flops
Twin-Size Bed Sheets	Umbrella
Sheet Pillow	Spending Money

TRUMAN STATE UNIVERSITY Volleyball

INDIVIDUAL CAMP

JULY 13-15, 2018

NAME

ADDRESS

CITY/STATE/ZIP

PHONE/E-MAIL

AGE/GRADE ENTERING IN THE FALL

POSITION/HEIGHT

SCHOOL

COACH

T-shirt Size: S M L XL

Individual Camp.....\$285 Resident/\$210 Off-Campus

Total Enclosed \$

EMERGENCY CONTACT

NAME

RELATION/PHONE

Please include medical release (reverse side), deposit and medical physical (medical physical can be brought to registration).

INSURANCE STATEMENT/ RELEASE OF LIABILITY

Participant's Contact Information

NAME

DATE OF BIRTH/PHONE/E-MAIL

STREET ADDRESS

CITY/STATE/ZIP CODE

Parent/Legal Guardian's Contact Information

NAME/PHONE

STREET ADDRESS

CITY/STATE/ZIP CODE

By signing below, I understand that I am authorizing the participant named above to attend the Truman State University Volleyball Camp and to participate in that camp actively and fully. I understand that this activity carries with it the potential for personal injury, and I accept this risk on behalf of my child. On behalf of my child and myself, I hereby release the University, its officers, and employees, including the Athletic Department and its staff, from any liability or claims for damages arising from personal injury sustained by my child during this activity. My child and I understand the nature of the risks of injury involved in this activity and I assume all responsibility for any injuries incurred during participation at this camp. I know of no mental or physical problems that might adversely affect my child's ability to participate in this camp.

I understand further that I will be responsible for any expenses incurred on behalf of the participant in connection with any first aid, medication, medical treatment, or surgery that may be deemed medically necessary on account of any injuries sustained in this activity. I hereby authorize the certified athletic trainer to secure any needed medical treatment for this participant and to execute whatever documents and releases are necessary for securing such medical treatment in the event that I am not immediately available to do so.

I further state that this participant is covered under a policy of medical/health insurance with:

INSURANCE COMPANY

POLICY NUMBER

I understand that the University will carry no health insurance coverage on the participant during this camp activity, and I am fully responsible for any and all medical expenses incurred on behalf of the participant.

PARENT/LEGAL GUARDIAN'S SIGNATURE/DATE

As a participant in the Truman State University Volleyball Camp, I agree to comply with all of the rules, regulations, and directives of the University coaching staff, and I will treat all coaching staff and other camp participants with respect, courtesy, and good will. I have read the above Insurance Statement/Release of Liability and agree that it is correct to the best of my knowledge.

PARTICIPANT'S PARENT/LEGAL GUARDIAN SIGNATURE/DATE