

## TITAN VOLLEYBALL CAMPS---SUMMER 2020

### MISSION STATEMENT:

IWU's Volleyball camps are designed to assist young athletes in improving their volleyball skills and developing proper playing habits. Not only will the girls gain knowledge of the proper techniques, they will also benefit from the companionship of other players, learn good sportsmanship, and other related athletic values.

Players will be closely observed and mistakes will be corrected. Every effort is made to teach each player how to use their knowledge in game situations in order to develop the physical and mental skills that go into making a good volleyball player.

### GENERAL SKILLS CAMP:

In the General Camp, we will emphasize the beginning fundamentals and basic techniques used in volleyball. For the players with good fundamentals, we will work on more advanced skills. The campers will apply these skills throughout the camp in drills and game-like situations.

The camp will be divided into groups according to their age and their skill level. This will allow for an opportunity-filled camp for all of its participants. The General Camps are offered to 2<sup>nd</sup> through 12<sup>th</sup> graders beginning June 8<sup>th</sup> running through June 11<sup>th</sup>. The High School and Junior High Camps run from 9:00 a.m. to 12:00 noon and the Grade School camp runs from 1:00 p.m. to 4:00 p.m. We will also be hosting a second Junior High and High School camp from June 30<sup>th</sup> through July 1<sup>st</sup>.

### HIGH SCHOOL ELITE CAMP—**NEW!**

Incoming FR must have played at least one year of travel club volleyball. Rising SO-JR-SR must have two or three years of club, preferably travel club experience. This camp is designed for those athletes interested in playing at the collegiate level.

### SATELLITE SCHOOL TEAM CAMPS

IWU staff and players will come to your school to conduct a General Skills Camp for a reduced cost. Each camper will receive a t-shirt. For more information regarding time, cost, and date availability, please call head coach Kim Nelson-Brown at 309-556-3349 or email at [knbrown@iwu.edu](mailto:knbrown@iwu.edu).

### OUR GOAL FOR THE CAMPS:

We combine hard work and fun to bring out the most in every player. We also make every effort for the camp to be gratifying and worthwhile experience for every player who attends.

You can register by mail or online. If you would like to register online, visit [www.iwusports.com](http://www.iwusports.com) and click on the sports camp link. From there, find the volleyball camp link.

### MINI-SKILLS POSITION CAMPS:

The Mini-skills Position Camps are offered to 6<sup>th</sup> through 12<sup>th</sup> graders beginning on Monday, June 3<sup>rd</sup> at 1:00 p.m. Each three-hour session will consist of in-depth training on the day's particular skill. It will also consist of game like situations using the skill of the day.

For example, on Monday, June 8<sup>th</sup>, we will be working on passing only. We will focus on ball control, placement, and serve receive. On Tuesday, June 9<sup>th</sup>, we will work on serving/setting/overhead passing. Our main focus will be proper footwork, transitioning, and hand positioning. For those hitters who aren't comfortable using their hands, this is very beneficial. On Wednesday, June 10<sup>th</sup>, all drills will focus on hitting, transitioning, and shot selection. We will discuss all three hitting positions along the net. Finally, on Thursday, June 11<sup>th</sup>, we will wrap up the skills week with defense. All drills will focus on body positioning, ball control, transitioning, blocking, and of course, defensive attitude!

*You can pick one or all of the them-the choice is up to you!*

### MULTIPLE CAMPS:

If your camper will be attending both the morning and afternoon sessions, they are welcome to bring a sack lunch and eat in one of our air-conditioned classrooms or in the gym.

We ask that the campers clean up after themselves. Counselors will be in the building but will not be supervising the campers during this time.

## TITAN VOLLEYBALL CAMPS 2020



### CAMPS AND DATES

Grade School	June 8 <sup>th</sup> through	June 11 <sup>th</sup>
Junior High	June 8 <sup>th</sup> through	June 11 <sup>th</sup>
High School	June 8 <sup>th</sup> through	June 11 <sup>th</sup>
Mini-Skills	June 8 <sup>th</sup> through	June 11 <sup>th</sup>

### **NEW THIS YEAR:**

JH Camp II	June 30 <sup>th</sup> through	July 1 <sup>st</sup>
HS Elite Camp	June 30 <sup>th</sup> through	July 1 <sup>st</sup>

*All camps are located at the Shirk Center on  
Illinois Wesleyan University's Campus*

# TITAN VOLLEYBALL CAMPS---SUMMER 2020

## COACHING STAFF

### Kim Nelson-Brown

#### *IWU Head Volleyball Coach*

Kim Nelson-Brown just completed her 24<sup>th</sup> year as head volleyball coach at Illinois Wesleyan University. In her 24 years, she has a combined record of 481 wins and 356 losses and a CCIW record of 101 wins and 71 losses. Kim enjoys coaching and the game of volleyball. Through these camps, she hopes her enthusiasm and the love of the game inspires the campers about the game of volleyball.

#### Nelson-Brown's Achievements:

2018, 2015 & 2003 Regular Season Champions  
2018, 2017, 2015, 1998 & 1997 NCAA Appearance  
2018 & 1997 CCIW Tournament Champions  
2018, 2003, & 1997 CCIW Coach of the Year  
2015 AVCA Midwest Region Coach of the Year  
2002 ISU Athletic Hall of Fame Inductee  
Former Missouri Valley Conference MVP, 1992 & 1993  
Former ISU Volleyball Letter winner

### Tyler Brown

#### *IWU Assistant Coach, 1<sup>st</sup> year*

Four-year letter winner at IWU  
1<sup>st</sup> team AVCA All-American Honors, 3 years  
AVCA National Freshman of the Year, 2015  
AVCA National Player of the Week, 2016 & 2017  
CCIW Player of the Year, 2018  
CCIW Freshman of the Year, 2015  
CCIW Academic All-Conference, 3 years  
Two-year captain  
Illini Elite Volleyball Coach, 3 years  
IWU Camp Counselor, 5 years

#### **Camp Assistants:**

Also, assisting at the KNB Titan Volleyball camps will be current and former IWU and collegiate players, as well as high school and club coaches.

#### **Important Notes about Camp:**

Each player will receive a t-shirt and a volleyball at the beginning of each camp. If you enroll by May 1<sup>st</sup> in more than one camp (the Mini-skills camps are considered one camp, regardless of the number of days you attend), you will receive a pair of volleyball socks instead of a second t-shirt and volleyball.

**\*\*The Junior High Camp fills quickly so early registration is encouraged to guarantee your spot!! In 2019, the Junior High camp was full by April 20th. I cannot emphasize early registration enough!!**

**\*\*You will want to sign your child up for the grade that they will be entering in the FALL OF 2020!**

## GENERAL INFORMATION FOR THE IWU VOLLEYBALL CAMPS

### **What to Bring:**

Players will need to wear proper athletic shoes. If kneepads are usually worn, we suggest that you bring those with you also. Since it will be warm, we will do our best to supply water, but we do recommend bringing your own water bottle or any water container that has a lid.

### **Camp Site and Time:**

The camps will begin on schedule each day. We will be using the courts in the Shirk Center Arena, Practice gym and activity courts. We will divide the groups according to skill level to facilitate individual instruction and safety.

### **Registration and Payment:**

To ensure enough counselors per campers and the correct t-shirt size, we do recommend early registration (5/1/20). Early payment is recommended, but if not in full, we do require a **\$25 NON-REFUNDABLE deposit PER CAMP**. The balance is due by **May 25<sup>th</sup>, 2020. NO REFUNDS AFTER 5/30/20.** Registration can be done online or mail in the form with payment.

**Online registration will close on May 25<sup>th</sup> or when the camp is full.**

### **Cost, Time, and Age Groups:**

#### **Grade School General Camp:**

Grade: 2<sup>nd</sup> through 5<sup>th</sup> Time: 1:00 p.m. to 4:00 p.m.  
Cost: \$140 (\$150 after 5/1/20)

#### **Junior High School General Camp:**

Grade: 6<sup>th</sup> through 8<sup>th</sup> Time: 9:00 a.m. to 12:00 p.m.  
Cost: \$140 (\$150 after 5/1/20) for June 8<sup>th</sup> camp

#### **High School General Camp:**

Grade: 9<sup>th</sup> through 12<sup>th</sup> Time: 9:00 a.m. to 12:00 p.m.  
Cost: \$140 (\$150 after 5/1/20) for June 8<sup>th</sup> camp

#### **Mini-Skills Position Camps:**

Grade: 6<sup>th</sup> through 12<sup>th</sup> Time: 1:00 p.m. To 4:00 p.m.  
Cost: \$40 each session or \$140 for all 4 individual sessions (\$45 each session/\$160 for all 4 after 5/1/20)

#### **Junior High School General Camp II (NEW 6/30-7/1)**

Grade: 6<sup>th</sup> through 8<sup>th</sup> Time: 9am to 12pm & 1pm to 4pm  
Cost: \$140 (\$150 after 5/1/20) for June 30<sup>th</sup> to July 1<sup>st</sup> camp

#### **High School Elite Camp (NEW! 6/30-7/1):**

Grade: 9<sup>th</sup> through 12<sup>th</sup> Time: 9am to 12pm & 1pm to 4pm.  
Cost: \$140 (\$150 after 5/1/20) for June 30<sup>th</sup> to July 1<sup>st</sup> camp

For more information regarding any of the camps, please call Kim Nelson-Brown at 309-556-3349 or email at [knbrown@iwu.edu](mailto:knbrown@iwu.edu)

## IWU VB CAMP REGISTRATION 2020

SIGN UP FOR (Please check):	Date	Time	Cost
Grade School Camp	June 8-11	1:00p to 4:00p	\$140
2 <sup>nd</sup> through 5 <sup>th</sup> grade			(\$150 after 5/1/20)
Junior High Camp	June 8-11	9:00a to 12:00p	\$140
6 <sup>th</sup> through 8 <sup>th</sup> grade			(\$150 after 5/1/20)
High School Camp	June 8-11	9:00a to 12:00p	\$140
9 <sup>th</sup> through 12 <sup>th</sup> grade			(\$150 after 5/1/20)
Mini-Skill Camps			
6 <sup>th</sup> through 12 <sup>th</sup> grade		1:00p to 4:00p	\$40 each
Passing	June 8		session or \$140
Setting	June 9		for all 4 sessions
Hitting	June 10		(\$45 each session)
Defense	June 11	or \$160 for all 4 after 5/1/20)	
Junior High Camp II	June 30-July 1	9a to 12p & 1p-4pm	\$140
6 <sup>th</sup> through 8 <sup>th</sup> grade			(\$150 after 5/1/20)
High School Elite Camp	June 30-July 1	9a to 12p & 1p-4pm	\$140
9 <sup>th</sup> through 12 <sup>th</sup> grade			(\$150 after 5/1/20)

TOTAL: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_

Emergency Contact Name & Cell # \_\_\_\_\_

Email address (please print clearly) \_\_\_\_\_

School in **Fall of 2020** \_\_\_\_\_ Grade-**Fall of 2020** \_\_\_\_\_

T-Shirt Size (Please circle one): Youth Sizes: YMed YLarge  
Adult Sizes: Small Medium  
Large X-Large

#### **Method of Payment:**

\$25 NON-REFUNDABLE deposit required if not paying in full.  
Balance will be due May 25<sup>th</sup>, 2020. NO REFUND AFTER 5/30/20.

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_  
Check Amount \_\_\_\_\_ Cash Amount \_\_\_\_\_

CREDIT CARD \_\_\_\_\_ Exp Date: \_\_\_\_\_

CC#: \_\_\_\_\_ CV# \_\_\_\_\_

Signature: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Please make check payable to **KIM NELSON-BROWN**  
Mail Payment and Registration Form to:  
Titan Volleyball Camps-Kim Nelson-Brown  
302 E. Emerson Bloomington, IL 61701

Illinois Wesleyan University Camp – 2019  
Medical Questionnaire and Permission Form

**Parent or Guardian:** This form must be completed in order to participate in camp. If we do not receive this medical questionnaire and permission form by registration deadline, your child will not be able to participate in camp activities (the "Program").

**Camper's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

Camp Attending: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Home/Office#: \_\_\_\_\_ Home/Office#: \_\_\_\_\_  
 Cell#: \_\_\_\_\_ Cell#: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MEDICAL HISTORY**

1. Allergies: (Please List)  
 Insect stings: \_\_\_\_\_  
 Foods: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Other: \_\_\_\_\_

2. Is your child currently taking any medication? Yes / No (please circle one)  
 If yes, please explain: \_\_\_\_\_

3. Other medical information we should be aware of: \_\_\_\_\_

**PERSONAL MEDICAL INSURANCE:** I agree to purchase and maintain during the term of the Program personal medical insurance. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require while participating in the Program except for medical costs arising from an injury that I sustain that is the direct result of **Illinois Wesleyan University's**, including its governing board, trustees, officers, employees (in their official and individual capacities), and any students, agents or volunteers acting at IWU's direction (collectively referred to as "Releasees"), gross negligence or intentional misconduct. I understand and agree that Releasees' shall not in any way be responsible for other contingent losses arising from any injury I sustain that is not the result of Releasees' gross negligence or intentional misconduct.

**CERTIFICATION OF FITNESS TO PARTICIPATE:** I attest that I am physically and mentally fit to participate in the Program and that I do not have any medical record of history that could be aggravated by my participation in the Program. I further attest that I am physically and mentally fit to participate in the Program, and that I am responsible for consulting with my health care provider towards this end.

**RESPONSIBILITY FOR REPORTING INJURIES:** I acknowledge that I must be an active participant in my own healthcare and as such, it is my responsibility to report all injuries and illnesses, including signs and symptoms of concussions, to the Program director. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the Program director.

**PARENTAL PERMISSION:** I give my permission for such medical care as may be deemed necessary for my child by the camp medical staff, Advocate BroMenn Hospital medical staff, or any other medical personnel. I understand that any health care facility will make every reasonable effort to contact me first, time and conditions permitting. I agree to be responsible for all charges incurred.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_  
(Please print) (Date)

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK

I, (or hereinafter on behalf of my minor child) \_\_\_\_\_ (“Participant”), hereby acknowledge that Participant has voluntarily elected to enroll in the \_\_\_\_\_ (“Program”), to be held in and around Illinois Wesleyan University, Bloomington, IL, from \_\_\_\_\_ to \_\_\_\_\_. I further understand that if Participant is a minor, then I, as his or her parent or legal guardian must agree to all of the conditions set forth below on behalf of the minor even where the language is specifically directed to Participant. **In consideration for being permitted by Illinois Wesleyan University (“IWU”) to participate in the Program, I hereby acknowledge and agree to the following:**

**PROMOTIONAL RIGHTS:** As a condition of my participation, I hereby grant IWU the right to use, for promotional purposes only, any photographs of me taken by IWU, its employees or agents, during my participation in the Program. I further understand and agree that IWU may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Program.

**RULES AND REQUIREMENTS:** I agree to conduct myself in accordance with IWU policies and procedures, including the IWU Policy and Regulations located at <https://www.iwu.edu/judicial/handbook/StudentHandbookPolicies.html>. I further agree to abide by all the rules and requirements of the Program and the rules listed in Program documents and those addressed at Program introduction. I acknowledge that IWU has the right to terminate my participation in the Program if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Program, or at IWU’s discretion.

**ASSUMPTION OF RISK:** I understand and acknowledge that there are potential dangers incidental to my participation in the Program, including risks of damage, bodily injury and possibly death as described throughout this Agreement. The risks may result from the activity itself, from the acts of others, from use of the equipment or organization of or unavailability of emergency medical care. I understand that there are risks attendant to physical activities associated with the Program and that there are potential dangers which may expose me to the risk of personal injuries, damage, or even death. In addition, I understand that participation in the Program involves activities incidental thereto, including, but not limited to, travel to and from the site of the Program, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I understand that additional potential risks include, but are not limited to: travel to and from IWU via private vehicles, common carriers, and/or IWU-owned vehicles, local transportation to and from program activities, weather conditions, facility conditions, equipment conditions, negligent first aid operations or procedures of Releasees (as defined herein), and that there may be other risks not known to me or not reasonably foreseeable at this time. **I, INDIVIDUALLY, AND ON BEHALF OF MY HEIRS SUCCESSORS, ASSIGNS AND PERSONAL REPRESENTATIVES, KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS OF MY PARTICIPATION IN THE PROGRAM AND FOR ALL MATTERS RELATED THERETO, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THE RISKS ARISE FROM THE RELEASEES’ GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT AND I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN THE PROGRAM.**

**RELEASE AND WAIVER OF LIABILITY: I, INDIVIDUALLY, AND ON BEHALF OF MY HEIRS SUCCESSORS, ASSIGNS AND PERSONAL REPRESENTATIVES HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE IWU** including its governing board, trustees, officers, employees (in their official and individual capacities), and any students, agents or volunteers acting at IWU’s direction (collectively referred to as "Releasees"), for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death that I may suffer as a result of my participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES’ GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT, AND REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT, TO OR FROM THE PREMISES WHERE THE PROGRAM, OR ANY LOCATION ADJUNCT TO THE PROGRAM, OCCURS OR IS BEING CONDUCTED.** I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent or grossly negligent acts or my own intentional misconduct and I hereby release Releasees from any liability for the same.

**CHOICE OF LAW/VENUE:** I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Illinois. If there is any suit, claim, action or proceeding arising out of or relating to this Agreement, Participant expressly agrees that jurisdiction and venue shall be properly fixed in the State or Federal Courts of McLean County, Illinois.

**SEVERABILITY:** If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

**CAUTION: READ THIS FORM CAREFULLY BEFORE SIGNING**

**I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.**

Date: \_\_\_\_\_  
\_\_\_\_\_ (Signature)

\_\_\_\_\_  
(Printed Name of Participant)

**Signature of Parent/Guardian for Participants Who Are Minors:**

I certify that I have custody of Participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. **I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY AS WELL AS AN ASSUMPTION OF RISK.**

Date: \_\_\_\_\_  
\_\_\_\_\_ (Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed Name of Parent or Guardian)

**Received by:**

Date: \_\_\_\_\_  
\_\_\_\_\_ (Signature)

\_\_\_\_\_  
(Printed Name of Institution Official)