

# 2023 Z-M Summer Volleyball Camp

Ran by 3C Volleyball. The 3C volleyball camps are run by a group of current and former college coaches and players. It is their mission to help young players grow into more than a good volleyball player. They teach: \*Basic skills & knowledge of the game \*Strong team culture \*Healthy & lasting relationships with teammates and coaches \*Confidence on and off the court \*Strong character \*Growth mindset \*Mental toughness.

### The 3 C's Volleyball Camp:

- Go over basics: Passing, serving, setting, attacking and defense with lots of breakdown and repetition.
  - Team Talk: Team culture, coachability, mental toughness, resilience, and a growth mindset.
    - We put what we learned earlier into action. This includes lots of team play.

**July 24<sup>th</sup>- 26<sup>th</sup>**  
**Z-M High School Gym**



**6<sup>th</sup> & 7<sup>th</sup> Graders** (2022-2023 School Year)

9:00-11:30     \$70 per camper

**8<sup>th</sup> -11<sup>th</sup> Graders** (2022-2023 School Year)

12:30-4:30     \$145 per camper

Camp t-shirt included!

**Camp Director:** Lisa Nelson, [lisan@zmsch.k12.mn.us](mailto:lisan@zmsch.k12.mn.us), 507-254-4031

**Camp Instructor:** 3C's Volleyball

### **REGISTRATION IS DUE ON OR BEFORE June 2<sup>nd</sup>**

If registration is sent after June 2<sup>nd</sup> t-shirts may not be given.

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Cut off and make checks payable to **ZM Volleyball**. Send registration to the High School office or Mrs. Nelson  
2023 Z-M Summer Volleyball Camp

Name: \_\_\_\_\_ Grade(2022-23 school year): \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt size: Adult     Small \_\_\_\_\_     Medium \_\_\_\_\_     Large \_\_\_\_\_     XL \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Camp Agreement/Hold Harmless/Insurance:

I hereby agree that my child will be attending the Z-M volleyball clinic and that she is in condition to participate in the daily activities. I grant permission to the Z-M volleyball clinic, its directors, instructors, etc. to act for me in using their best judgment in any emergency requiring medical care, injury treatment, or treatment at a medical facility. I hereby waive and release the Z-M volleyball clinic, its directors, instructors, and all employees from any responsibility for personal injury arising out of the applicant's participation in the camp program. All campers should be covered by their own personal insurance which should be listed below with the policy number. By signing below, I agree to hold harmless for any and all responsibility, loss of items, damages, costs or expenses which are sustained.

Participant's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_