

HIGH SCHOOL TEAM SHOOTOUT

High School only | Saturday-Sunday, July 7-8

Competition is the focus of this camp which offers your team a chance to compete prior to the start of your season. Schedule is based on the number of teams. Referees will be provided.

Division A (Varsity) or **Division B** (JV) — get a competitive atmosphere that's right for your team!

Check-in | Available one hour prior to your first match

Matches | Begin by 9 a.m. Saturday and end by 5 p.m. Sunday

Cost | \$400 per team (commuter or resident)

Additional options

- Two nights, air-conditioned residence hall: \$75 per player

Team Registration

Please contact jackrabbitvolleyballcamps@outlook.com to register your team(s). Each camper will need to fill out an individual camp registration form which should be mailed together.

ALL SKILLS CAMP

Grade 6-12 | Monday-Wednesday, July 9-11

Athletes will gain instruction on all the fundamental skills required to make the team or accelerate their learning curve to take their game to the next level. While all campers have the opportunity to work and develop on all skills, there will also be opportunities for individual instruction based on position.

Wednesday, July 9 | Check-in, 1-2 p.m.

Wednesday, July 9 | 2-8 p.m.

Thursday, July 10 | 9 a.m.-8 p.m.

Friday, July 11 | 9 a.m.-noon

Resident Cost | \$350, includes housing and all meals

Commuter Cost | \$250, includes lunch and dinner

ELITE CAMP

Grades 10-12 | Thursday-Saturday, July 12-14

Elite Camp offers the highest level of training to the experienced player. It exposes players to the faster, more intense level of volleyball in the collegiate practice and competition environment.

This camp includes a look at strength and conditioning for the college student-athlete and an overview of the NCAA eligibility and recruiting rules.

Monday, July 12 | check-in, 1-2 p.m.

Monday, July 12 | 2-8 p.m.

Tuesday, July 13 | 9 a.m.-8 p.m.

Wednesday, July 14 | 9 a.m.-noon

Resident Cost | \$375, includes housing and all meals

Commuter Cost | \$275, includes lunch and dinner

DEFENSE/LIBERO CAMP

Grades 7-12 | Monday-Tuesday, July 16-17

Ball control is a must in today's game of volleyball. This camp focuses on your serve receive, digging and service game to help you gain advantage in the back court.

Monday, July 16 | 9 a.m.-noon

Tuesday, July 17 | 9 a.m.-noon

Cost | \$125

SETTER/ATTACK CAMP

Grades 7-12 | Monday-Tuesday, July 16-17

Setter and attacker positions will be trained separately to teach the intricacies of these positions before being brought together to develop the important relationship between the positions.

Monday, July 16 | 1-4 p.m.

Tuesday, July 17 | 1-4 p.m.

Cost | \$125

YOUTH CAMP

Grades 2-5 | Wednesday-Thursday, July 18-19

This camp is designed to introduce young players to the basic fundamental skills of volleyball in a FUN environment.

Wednesday, July 18 | 9 a.m.-noon

Thursday, July 19 | 9 a.m.-noon

Cost | \$75

Jackrabbits Volleyball camps and clinics are open to any and all entrants (limited only by number, age, grade level and/or gender).

2018 JACKRABBITS
VOLLEYBALL
Admit One | Frost Arena

**ALL CAMPERS will receive
a complimentary ticket
to a 2018 SDSU volleyball
home match!**

STAFF



Nicole Cirillo will be entering her fourth season as the head coach of the Jackrabbit volleyball program. In her three seasons, Coach Cirillo has guided four players to postseason honors and one to academic accolades. The 2016 team earned a Top-25 ranking in the AVCA with a 3.6 Team GPA. Before arriving in Brookings, she spent the previous six years as associate head coach of Summit League rival IUPUI, where she helped lead the Jaguars to three straight regular-season titles as well as the program's first ever NCAA tournament appearance in 2012. Prior to her stop in Indianapolis, she was an assistant at Missouri Southern State University where she helped lead the Lions to an unprecedented 2006 season garnering an AVCA Top 25 National ranking and qualifying for the DII NCAA championship tournament for the first time in program history.



Hailey Cowles will be entering her fifth season with the Jackrabbit volleyball program as an assistant coach. She began her coaching career in 2011 with Concordia St. Paul, helping lead the Golden Bears to their sixth and seventh NCAA Division II national titles. Prior to coaching, Hailey was a standout at the University of Minnesota. She helped the Gophers advance to the NCAA Final Four in 2009, where she earned Final Four All-Tournament Team honors.

TRAVEL CAMPS

Coaches, if you would like our staff to come to your school and conduct a clinic at your facilities, contact us to set up a date for a two or three day clinic with you and your team.

jackrabbitvolleyballcamps@outlook.com

HOW DO I REGISTER?

- **Register online for all volleyball camps at www.GoJacks.com.** Go to "Inside Athletics," then "Camps and Clinics"—the link will take you to CampPros where all major credit cards are accepted.
- **Mail:** Detach and/or print out the registration form and mail it, along with full payment to:
**Jackrabbit Volleyball Camps
Stanley J. Marshall – Box 2820
South Dakota State University
Brookings, SD 57007**
- **High School Team Shootout:** Register your team(s) online at jackrabbitvolleyballcamps@outlook.com.

Confirmation: You will receive a confirmation e-mail along with complete details of the camp(s) attending after we receive your registration and payment.

Non-refundable \$50 Administrative Fee will be charged to any and all unable to attend once registration is accepted.

CAMP APPLICATION

Make checks or money orders to: **Jackrabbits Volleyball Camp.**

Credit cards may be used for Online Registration ONLY.

Non-refundable \$50 Administrative Fee will be charged to any or all unable to attend once registration is accepted.

8% sales tax included in camp fee.

Name _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

E-mail Address *(Required for confirmation)* _____

All Skills Camp: Resident: \$350 Commuter: \$250

Youth Camp: \$75

Elite Camp: Resident: \$375 Commuter: \$275

Defense/Libero Camp: \$125

Setter/Attack Camp: \$125

High School Team Shootout: \$400 per team

Roommate Preference _____

School _____

Coach's Name _____

Grade (Fall 2018) _____ Height _____ Age _____

If a camper will require any accommodations due to special needs, we ask that you notify us via e-mail or in writing of those needs a minimum of two weeks prior to the camp start date so we can make the accommodations.

Release Form In consideration of the acceptance of this application, I, intending to be legally bound hereby for myself, my heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against South Dakota State University, or its representatives and/or assignees for any and all damages which may be sustained and suffered out of my traveling to, participation in, and returning from camp.

Participant's Signature _____

Parent's or Guardian's Signature _____

Medical Insurance Company and Policy Number _____

Office Use Only: Check # _____ Date Rec'd _____ Am't Paid _____
Am't Due _____ Acknowledge Sent _____

Non-Profit Org.
US Postage Paid
Brookings, SD
Permit 24

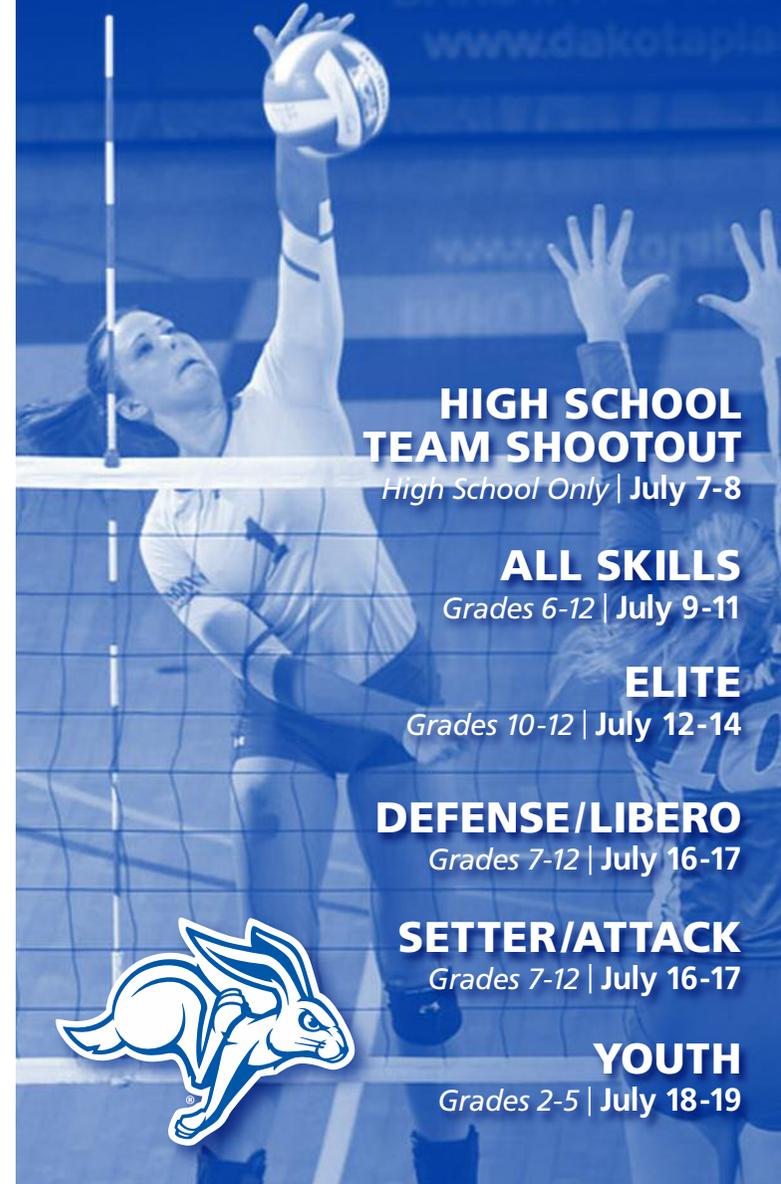
South Dakota State University
Jackrabbits Volleyball Camps
Stanley J. Marshall HPER Center
Box 2820
Brookings, SD 57007-1497

RETURN SERVICE REQUESTED



SOUTH DAKOTA STATE UNIVERSITY

2018 VOLLEYBALL CAMPS



HIGH SCHOOL TEAM SHOOTOUT

High School Only | July 7-8

ALL SKILLS

Grades 6-12 | July 9-11

ELITE

Grades 10-12 | July 12-14

DEFENSE/LIBERO

Grades 7-12 | July 16-17

SETTER/ATTACK

Grades 7-12 | July 16-17

YOUTH

Grades 2-5 | July 18-19



South Dakota State University – Athletics
Minors – Assumption of Risk, Waiver of Liability, Indemnification and
Release Agreement, and Consent to Medical Treatment

Activity/Sport: _____	Dates: _____
Location: _____	

IN CONSIDERATION of allowing the below MINOR to participate in any way in the activities and/or being permitted to enter any related premises, each of the undersigned, on behalf of themselves, their executors, administrators, heirs, next of kin, successors, personal representatives and assigns, hereby voluntarily agree that:

- a. The minor and parent or guardian agree that if at any time they believe something to be unsafe, it will be brought to the attention of a University representative.
- b. The minor and parent assume full responsibility for the risk of bodily injury, death or property damage due to the actions or negligence of the State of South Dakota, the South Dakota Board of Regents, and South Dakota State University, their officers, employees, representatives, and agents (hereinafter, "Releasees") or otherwise, while in or upon the premises, use of equipment or participating in activities. The minor and parent or guardian recognize and understand that there are risks and dangers associated with participating in the activities. Further the risks and dangers may be caused by the actions or negligent failure to act of the Releasees and others. All of the risks and dangers associated with participating in the activities, entry into the premises, or use of equipment are assumed and notwithstanding.
- c. The minor and parent or guardian waive, release and discharge the Releasees from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to the minor, parent or guardian and their estates.
- b. The minor and parent or guardian indemnify, save and hold harmless the Releasees and each of them personally from and against any and all liabilities, loss, damage, causes of actions and claims arising from the minor's participation in the activities identified herein or presence in premises, whether caused by the Releasees, the minor, or otherwise.

The minor and parent or guardian hereby consent to receive any medical treatment that may be deemed advisable in the event of injury, accident or illness during this activity.

The parent or guardian has read and voluntarily signs this Minor – Assumption of Risk, Waiver of Liability, Indemnification and Release Agreement, and Consent to Medical Treatment, fully understand its terms and that I/we have given up substantial rights by signing it, sign it freely and voluntarily without any inducement, assurance, or guarantee being made and intend their signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I/we further acknowledge that failure to witness or notarize this Agreement shall not affect its validity.

Name of Participant _____ Date of Birth _____

Signature I HAVE READ THIS RELEASE _____ Date _____

Address _____

Phone Number _____ Email: _____

Name of Parent or Guardian _____ Relationship _____

Signature I HAVE READ THIS RELEASE _____ Date _____

Address _____

Phone Number _____ Email: _____

_____ (initial) I represent that I have sole legal custody of or am the sole parent/guardian authorized to execute in full this Assumption of Risk, Waiver of Liability, Indemnification and Release Agreement, and Consent to Medical Treatment.