

POSITIONAL CAMP

Grades 7-12 | Tuesday-Wednesday, June 18-19

The setter, attacker and defense/libero positions will work separately to perfect their perspective skills.

Tuesday, June 18 | 2-5 p.m.

Wednesday, June 19 | 2-5 p.m.

Cost | \$125

ELITE CAMP

Grades 10-12 | Sunday-Tuesday, July 7-9

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.

Sunday, July 7 | *check-in*, 1-2 p.m.

Sunday, July 7 | 2-8 p.m.

Monday, July 8 | 9 a.m.- 8 p.m.

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

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

Commuter Cost | \$275, *includes lunch and dinner*

ALL SKILLS CAMP

Grade 6-12 | Wednesday-Friday, July 10-12

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 all skills, there will also be opportunities for individual instruction based on position.

Wednesday, July 10 | *Check-in*, 1-2 p.m.

Wednesday, July 10 | 2-8 p.m.

Thursday, July 11 | 9 a.m.-8 p.m.

Friday, July 12 | 9 a.m.- noon

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

Commuter Cost | \$250, *includes lunch and dinner*

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

HIGH SCHOOL TEAM CAMP

High School only | Monday and/or Tuesday, July 15 and/or 16

This can be a one or two day camp and offers competition as the focus, allowing your team a chance to compete prior to the start of your season. 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

Cost | One Day | \$200 per team

Two Day | \$350 per team

Team Registration

Please contact Hailey Cowles (hailey.cowles@sdstate.edu) to register your team(s). Each camper will need to fill out an individual camp registration form which should be mailed together.

YOUTH CAMP

Grades 1-5 | Wednesday-Thursday, July 17-18

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

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

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

Cost | \$75

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 one- to three-day clinic with you and your team at hailey.cowles@sdstate.edu.

2019 JACKRABBITS
VOLLEYBALL

Admit One | Frost Arena

ALL CAMPERS will receive a complimentary ticket to a 2019 SDSU volleyball home match!

STAFF



Nicole Cirillo will be entering her fifth season as the head coach of the Jackrabbit volleyball program. In her four seasons, Coach Cirillo has guided five 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 six years as

associate head coach of IUPUI, where she helped lead the Jaguars to three straight regular-season titles and their first ever NCAA tournament appearance in 2012. Prior to her stop at IUPUI, she was an assistant at Missouri Southern State University where she helped lead the Lions to an unprecedented season in 2006 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 sixth 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 and helped

the Gophers reach the 2009 NCAA Final Four where she earned Final Four All-Tournament Team honors.

HOW DO I REGISTER?

- **Register online for all 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 HPER Center, Box 2820
South Dakota State University
Brookings, SD 57007
- **High School Team Camp:** Register your team(s) online at hailey.cowles@sdstate.edu.

Confirmation: You will receive a confirmation email 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.

Camper Name _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

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

Emergency Contact _____

Phone (____) _____

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

Youth Camp: \$75

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

Positional Camp: \$125 Position _____

High School Team Camp:

July 15 Camp: \$200 per team July 16 Camp: \$200 per team

Two Day: \$350 per team

Roommate Preference (if applicable) _____

School _____

Grade (Fall 2019) _____ 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

2019 VOLLEYBALL CAMPS

SOUTH DAKOTA STATE

POSITIONAL

Grades 7-12 | June 18-19

ELITE

Grades 10-12 | July 7-9

ALL SKILLS

Grades 6-12 | July 10-12

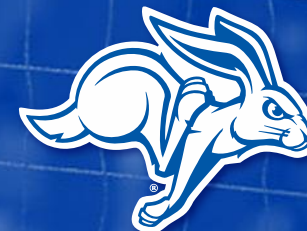
HIGH SCHOOL TEAM CAMP

High School Only

July 15 and/or 16

YOUTH

Grades 1-5 | July 17-18



South Dakota State University – Athletics

Minors – Assumption of Risk, Waiver of Liability, Indemnification and Release Agreement, and Consent to Medical Treatment

Activity/Sport: _____
 Location: _____ Dates: _____

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.