



## 2017 Summer Volleyball Skills Camp

Are your school tryouts getting near ?  
COME AND GET SOME FINE TUNING ON YOUR  
VOLLEYBALL SKILLS FOR  
YOUR SCHOOL TRYOUTS FROM  
STANDOUT *SHDHS GRADUATES*

**JULY 24TH & 25TH FROM 9:30-11:30AM**

At the St. Henry Athletic Complex  
Cost \$60 for girls entering grades 5-8



### CAMP INSTRUCTORS

#### Stephanie Niemer:

\*2007 SHDHS Graduate & Received volleyball scholarship to **Un. of Cincinnati**

\*2007-2010 University of Cincinnati (Big East Player of the Year 2010)

\*Completed 7 seasons as a **professional volleyball player**

2011-2013 Indias de Mayaguez (Puerto Rico)

2014 Gigantes de Carolina (Puerto Rico)

2014-2015 ASPTT Mulhouse (France)

2015-2016 Azeryol Baku (Azerbaijan)

2016 Petron Blaze (Philippines)

2017 Criollas de Caguas (Puerto Rican Champions)

To come...2017-2018 Olympiakos (Greece)



#### Abbey Bessler:

\*2013 SHDHS Graduate

\*Received volleyball scholarship to **Xavier University**

AVCA All American honorable mention 2013,2016, All region first team 2013,15,16,

AVCA All region HM 14

Big East player of the year 2015, All Big East 2013,14,15,16

Big east all tournament team 2013,14,15,16

East region rookie of the year 2013

Big East rookie of the week 2x, Big East player of the week 3x

Big East honor roll of the week 19x

1,000 kills & 1,000 digs club

Record holder for kills in a match at Xavier with 33.

Points in a match record holder 34

Xavier Total attack attempts record holder 5,090

Total points record holder 2,010

2nd in kills 1774 (1779 is record), 5th in digs overall Xavier Volleyball

Xavier Un Volleyball team MVP 15, 16

GCNKWSA Volleyball Sportswoman of the Year for the 2015 season



# 2017 Summer Volleyball Skills Camp Registration Form

Name

Email

Grade Entering      5                  6                  7                  8

School attending

Parents name

Parent's Cell Number

### **PERMISSION AND WAIVER FORM**

I, THE UNDERSIGNED, DO HEREBY GIVE MY PERMISSION FOR MY DAUGHTER TO PARTICIPATE IN THE S.H.D.H.S. VOLLEYBALL CAMP. IN CASE OF ACCIDENT OR ILLNESS, I REQUEST THAT I AM CONTACTED. IF UNABLE TO BE REACHED, I GIVE AUTHORIZATION TO CALL THE PHYSICIAN INDICATED BELOW AND FOLLOW HIS/HER INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN, THE CAMP STAFF MAY MAKE WHATEVER ARRANGEMENTS ARE NECESSARY.

PHYSICIAN'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

ARE THERE ANY SPECIAL MEDICAL CONDITIONS OF WHICH WE NEED TO BE MADE AWARE OF?  
\_\_\_\_\_

I UNDERSTAND THAT NEITHER S.H.D.H.S. NOR THE CAMP STAFF CAN BE HELD LIABLE FOR ANY ACCIDENT OR INJURY THAT MAY OCCUR DURING THE COURSE OF THIS CAMP. I ALSO ATTEST TO THE FACT THAT MY DAUGHTER IS COVERED BY INSURANCE AND I UNDERSTAND THAT FINANCIAL OBLIGATIONS INCURRED FOR MEDICAL SERVICES RESULTING FROM AN INJURY RECEIVED BY MY DAUGHTER WHILE PARTICIPATING IN THIS CAMP CANNOT BE BORNE BY THE SCHOOL OR CAMP STAFF.

**PARENT'S**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

COMPLETE FORM & RETURN FEE TO:

**S.H.D.H.S.**  
**C/O MAUREEN KAISER**  
**3755 SCHEBEN DR.**  
**ERLANGER, KY 41018**  
*Maximum 50 campers*



\$60 check to be made  
out to SHDHS

REGISTRATION DEADLINE: JULY 19TH