

Louisville Leopard 2015 Volleyball Camp



July 13 th , 14 th & 15 th	July 16 th and 17 th
Grades: 3, 4, 5, and 6	Grades: 9, 10, 11 and 12
8:00 to 10:00	8:00 to 11:00
Grades: 7 and 8	and
10:00 to 12:30	12:00 to 3:00

louisvillevolleyball.weebly.com



*The difference between
the possible and impossible
lies in your determination
and commitment.*

Any questions contact Coach Jodie Cress at:

Work: (330) 875-1177
cress@louisville.sparcc.org

Cell: (330) 488-7292
Website: louisvillevolleyball.weebly.com

Please make all checks payable to: **Louisville Volleyball**

Return all registration forms and fees by **June 10th** to: Louisville Leopard Volleyball
2119 Monter Avenue
Louisville, OH 44641

*It is extremely important to order the correct size T-shirt. No Exchanges.
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(330) 488-7292 (c)
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CAMP FACTS / FEATURES

The coaches of the Louisville Leopard Volleyball Program will be hosting a youth volleyball camp at Louisville High School for all area girls entering grades three through twelve.

Muskingum University Volleyball Coach, Dr. Elizabeth Zicha, will run the camp along with numerous "Muskie" volleyball players. Athletes will receive both individual and group instruction in the different areas of volleyball. **Participants are encouraged to wear comfortable clothing and appropriate footwear.**

When: July 13th through July 15th (Gr. 3-8)
July 16th and 17th (Gr. 9-12)

Where: Louisville High School (Door 3)

Time:

Gr. 3, 4, 5 & 6	8:00 until 10:00	July 13 th , 14 th , 15 th
Gr. 7 & 8	10:00 until 12:30	July 13 th , 14 th , 15 th
Gr. 9, 10, 11 & 12	8:00 until 11:00 12:00 until 3:00	July 16 th & 17 th

(Your level is based on your grade as of the **Fall of 2015**)

Cost:

Grades 3, 4, 5 and 6	\$55.00
Grades 7 and 8	\$65.00
Grades 9, 10, 11 and 12	\$85.00

Bring/Wear:

Shorts, T-shirt, Gym Shoes, Knee pads (if you have them) and Water/Water Bottle

****Every athlete will receive a Muskingum University T-Shirt!
*Gr. 3, 4, 5, 6 will receive a ball and a T-shirt!
*Gr. 7-12 will receive shorts and a T-shirt!**

It is extremely important you order the correct size shirt for your athlete. No exchanges.

CAMP STAFF



Dr. Elizabeth "Bea" Zicha, the fifth all-time winningest active coach in Division III and 24th across all divisions, has built a national-caliber volleyball program at Muskingum University.

While at Muskingum, Zicha has more overall and Ohio Athletic Conference wins than any other coach in the league. She has posted a record of 658-361 (.652 winning percentage) including a record of 178-109 (.620) in league matches. She has earned six OAC Championships, three National Collegiate Athletic Association quarterfinal appearances and one third-place NCAA finish.

Zicha was recognized for her volleyball accomplishments at Muskingum when the Ohio High School Volleyball Coaches' Association inducted her into the OHSVCA Hall of Fame in 2001. Zicha's special honors include: four OAC Coach of the Year awards, three Great Lakes Region Coach of the Year awards and four Indiana County Coach of the Year awards.

Other notable career activities include: speaker at numerous OHSVCA clinics, Court Coach at OHSVCA Elite Camp, life-time member of OHSVCA, National Federation Volleyball official and USA official and coach.

In addition to coaching the volleyball team, Zicha is a professor in the physical education department at Muskingum and in 2002 received the Cora I. Orr Faculty Service Award. In 2007, she received the William Oxley Thompson Award for Excellence in Teaching.



(Please cut out and return with payment to the address on the back.)

<p>T-SHIRT SIZE: YOUTH: S M L ADULT: S M L XL</p>	<p>SHORTS SIZE: (Gr. 7-12 only) ADULT: S M L XL</p>
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NAME: _____

GRADE (Fall of 2015): _____

PARENT or GUARDIAN'S NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL Address: _____

(Please provide to receive future volleyball information.)

I give my consent and approval for the directors of the Louisville Volleyball Camp to act according to their best judgment in an emergency, requiring medical attention. I understand that I am responsible for any and all medical expenses for injuries that may occur during camp.

SIGNED: _____ DATE: _____

Please list any medications that the athlete is currently taking (e.g.; inhaler, allergy to medications or bee stings etc.)