

**The College Prep Volleyball Camp's** goal is first and foremost to give each individual the necessary tools to become a complete volleyball player. It is our intention to provide not only quality instruction and hard work, but also an enjoyable volleyball experience. Combining hard work and fun is what volleyball is all about!

### ***Camp Director***

**Craig Kolek** – Rivier Men's and Women's Volleyball Coach

2006 AVCA National Coach of the Year

4 Time NECVA Coach of the Year ('04, '05, '06, '09,)

7 Time GNAC Coach of the Year ('03, '09, '10, '12, '13, '15 '16)

2 Time New England Coach of the Year ('05, '06)

2007 New Hampshire Coach of the Year

2006 NECVA Champion - Men

6 Time NECVA New England Champion ('01-'06)

6 Time GNAC Champion – Women ('03, '07, '08, '11, '13, '14)

7 Time GNAC Champion – Men ('08, '09, '10, '11, '12, '13, '14)

2011 NECVA Hall of Fame Inductee

### ***Camp Staff***

*Rivier University Women's & Men's Team and Alumni*

### ***Camp Features***

\* individual instruction   \* team play   \* free camp t-shirt

***Applications are accepted on a first – come basis***

***All camps will close with 50 participants and are separate sessions***

\* \$150.00 per camper per session

\* Full tuition must accompany application

\* No refunds for anyone dismissed from camp

\* Must have 2 years of school playing experience or minimum of 1 year school and 1 year club experience

**ALL SESSIONS WILL FILL UP RAPIDLY SO APPLY IMMEDIATELY**

**Camp # 1      July 24 – July 27 6:30 p.m. - 9:30 p.m.**

**Camp # 2      July 31 – August 3 6:30 p.m. - 9:30 p.m.**

\* 6:15 p.m. check in on each Monday \*

Questions? Contact Craig Kolek at [ckolek@rivier.edu](mailto:ckolek@rivier.edu) or 603-897-8467

## **Application: 2017 Volleyball Camp**

*(PLEASE SELECT SESSION(S) AND FILL OUT ENTIRE APPLICATION)*

Camp # 1   July 24- 27   ☐

Camp # 2   July 31 – Aug 3   ☐

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ School Grade Upcoming Season \_\_\_\_\_

Name of High School Team Trying Out For \_\_\_\_\_

Number of Years Playing \_\_\_\_\_ Position \_\_\_\_\_

Playing Experience \_\_\_\_\_

T- Shirt size:      XL      L      M      S      (please circle one)

In case of emergency notify \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

List any medical conditions camp director should be aware:

\_\_\_\_\_

\_\_\_\_\_

Insurance information \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy # \_\_\_\_\_

In case of emergency, every attempt will be made to contact the person(s) above. If contact is unsuccessful, I authorize the camp staff to provide emergency medical care if necessary. Any expense arising from injury or illness is the responsibility of the person signing below:

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Please fill out registration form **completely**  
Payment in cash or check made payable to **Craig Kolek**, at:  
Rivier University Volleyball  
420 S. Main Street  
Nashua, NH 03060-5086