

LITTLE RED HAWKS VOLLEYBALL CAMP

March 28 and April 4, 11, 18



Learn the importance of teamwork, leadership skills, and education
Develop basic skills in a fun environment
No previous experience necessary
Space is limited. Register now!

ELIGIBILITY:

Grades 3-6

CAMP SCHEDULE:

March 28 and April 4, 11, 18

TIME

3 - 4th grade from 4 - 5:30 pm and
5 - 6th grade from 5:30-7 pm

LOCATION:

Lake Michigan College
Benton Harbor Campus Gymnasium
2755 E Napier Ave
Benton Harbor, MI 49022

COST:

\$60, includes 4 training sessions and a t-shirt.

CAMP INFO AT:

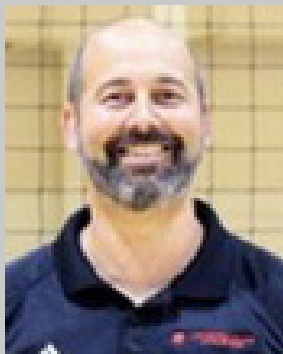
lakemichigancollege.edu/volleyballcamp

CONTACT:

Rob Elliott-Schafnitz (269) 519-3961

relliott-schafnitz@lakemichigancollege.edu

CAMP DIRECTORS



Head Coach
Rob Elliott-Schafnitz



Assistant Coach
Mindy McVey





2023 Little Red Hawks Volleyball Program

I am registering my child for the Little Red Hawks Volleyball Program.

Cost: \$60 on the following March 28 and April 4, 11, 18
3 - 4th from 4 - 5:30 pm and, 5 - 6th grade from 5:30 - 7 pm

The Lake Michigan Volleyball team and staff will coach and train the athletes.
The training will focus on fundamental volleyball techniques, game-like drills and 6 on 6 game play.
Please make check payable to **Lake Michigan College** and mail your registration form and payment to:

Robert Elliott-Schafnitz, Head Volleyball Coach
Lake Michigan College, 2755 E Napier Ave, Benton Harbor, MI 49022

If you prefer an electronic payment go to:

<https://www.eventbrite.com/e/little-red-hawks-volleyball-3rd-4th-grade-tickets-344984747667>

<https://www.eventbrite.com/e/little-red-hawks-volleyball-5th-6th-grade-tickets-344996753577>

**Questions: Contact Volleyball Coach Robert Elliott-Schafnitz,
email relliott-schafnitz@lakemichigancollege.edu, or call 269-519-3961**

Registration Form

Player Name: _____

Parents Names: _____

Phone, Home: _____ Phone, Cell: _____

Address: _____

e-mail address: _____ Birthdate: _____

School: _____ Grade: _____ Age: _____

Shirt size: YS, YM, YL, AS, AM, AL (Please Circle)

Cost: \$60

MEDICAL AUTHORIZATION

List any special health conditions (e.g. medications, explanations, etc.)

Allergies: _____

Emergency Contact: _____ Daytime Phone: _____ Cell: _____

Child's Physician: _____ Phone: _____

Name of Insurance Company: _____ Policy No. _____ Contact Phone: _____

I, the undersigned, authorize the officials of Lake Michigan College to contact the person named on this form directly, and do authorize the named physician to render such treatment as may be considered necessary for the health of my child. In the event the physician, or person named as emergency contact on this form, or parents cannot be contacted, the program officials are authorized to consent to medical treatment and to take whatever action is necessary, in their judgment, for the well being of my child. I will not hold Lake Michigan College financially responsible for the emergency care and/or transport of my child.

Parental Permission: _____ I authorize Lake Michigan College to use our child's picture for publicity for program.

BEHAVIOR EXPECTATIONS AND DISCLAIMER OF LIABILITY

It is the expectation of the Lake Michigan College Red Hawk Volleyball Camp that all participants will maintain high standards of courtesy and character. If a child's behavior interferes with camp activities, his parents will be warned. If the inappropriate behavior continues, the child may be removed from the camp.

The participant and his parents assume full responsibility for any damages arising from personal injury sustained during camp activities or on the way to/from the facilities. Having read the waiver and knowing these facts, I hereby waive and release Lake Michigan College, its representatives, and Volleyball camp staff from all claims or liabilities of any kind that may arise from participation during the Lake Michigan College Red Hawk Volleyball Camp.

Parent/Guardian Signature: _____ Date: _____