

Sue Sinclair 2019 Specialty Camps



NOTE: Specific dates, and times have changed this year.

June 1-2 **Setting Camp (7th-12th), 9-12 pm both days**

June 1-2 **Hitting & Blocking Camp (7th-12th), 1-4 pm both days**

June 14 **Serve Receive & Defense (7th-12th), 9-4 pm**

COST: **\$60 per camp.** A *FREE t-shirt* will be awarded at first camp attended.

TOPICS COVERED

- **SETTING:** footwork, hand positioning, play sets, jump setting, set selection, communication with hitters, attacking on 2, eye training, and more. Also, please note that the top six setters from the camp on June 1st will be invited to set for the hitter's camp on June 2nd. There will be no charge for the additional training, nor is it mandatory. If someone selected is unable to stay or will be participating in the camp as a hitter, then another selection will be made. If you choose to stay, a break will occur midway for lunch on your own.
- **HITTING & BLOCKING:** footwork, approach angles, various shot selection, front row and back row attacking, slide hitting, blocking and more. Following the fundamental training, hitters will hit off of live setting from both ICC College setters and top invited setters.
- **SERVE RECEIVE & DEFENSE:** passing with platform and hands, floor defensive skills such as extension and roll, defense in left, middle and right back positions, reading hitters, serving and serving strategies, offensive coverage skills and back row attacking. A break will occur midway for lunch on your own.

REGISTRATION

Complete the information and Parental Authorization below, include a check **PAYABLE TO SUE SINCLAIR**, and mail both your application and check to ensure entry. Confirmation of your acceptance will be sent to you. If the camp fills prior to receiving your application, your check will be returned to you. **Registration is limited.**
(Refunds may be allowed with 72-hour notice and/or medical documentation.)

----- ✂ -----
Make Check Payable to:

Sue Sinclair
\$60 per Camp

Mail with payment to:

Illinois Central College Athletics
c/o Sue Sinclair
1 College Drive
East Peoria, IL 61635-0001

SELECT CAMP(s)

CAMPER NAME _____ Setting Camp June 1-2 _____

ADDRESS _____ Hitting & Blocking June 1-2 _____

CITY _____ STATE _____ ZIP _____ Serve Receive & Defense June 14 _____

EMAIL ADDRESS _____

PHONE _____

SCHOOL _____ GRADE ENTERING (fall) _____ SHIRT SIZE _____

PARENTAL AUTHORIZATION As parent/guardian of _____, I hereby waive and release the Sue Sinclair Specialty Camps, the camp director, instructors, and Illinois Central College from any and all liabilities for an illness and/or injury incurred while attending the camp. I will be responsible for any and all medical cost incurred as a result of illness or injury while at camp. I have no knowledge of any physical impairment or condition, which might affect her participation in activities conducted at the camp. **A certified trainer will be present during the camps.**

Signature _____ Emergency phone number _____