

## WHY CHOOSE FSC VOLLEYBALL CAMP?



- Free Camp T-Shirt!
- Written evaluation on each camper
- Outstanding achievement awards
- All-star team selected
- Eight hours a day of gym time
- Tournament play - Tue. and Wed.
- Team size: Min. 8 players - Max. 10 players

### CHOOSE PROVEN SUCCESS FOR YOUR SUMMER CAMP EXPERIENCE

Many past and present Lady Mocs were FSC Campers.

### The Winning Tradition Continues at Florida Southern College

#### National Tournament Appearances:

1978, 1980, 1981, 1982, 1984, 1986,  
1987, 1989, 1990, 1991, 1992, 1993, 1994  
1996, 1997, 1998, 1999, 2000, 2002  
2003, 2004, 2005, 2006, 2007, 2008

#### Best National Finishes:

1980-6th, 1981-4th, 1989-4th,  
1990-5th, 1991-4th

#### All-Americans:

30



## FREQUENTLY ASKED QUESTIONS

**Can I attend the team camps as an individual?** Yes, you will be placed on an independent team with other players of similar age and ability. (8-10 players per team). Space is limited.

**If my team has less than 8 players, will we still be together?** No, you will each be evaluated and placed on independent teams.

**Can I come late or leave early?** We strongly discourage late arrivals and early departures as this disrupts the camp schedule. (Special requests need to be in writing, before the first day of camp and will be handled on a case-by-case basis)

#### How much extra spending money should I bring?

Suggested amount is \$50-\$75 (For camp store, souvenirs, snacks, pizza, etc.)

**Can parents and friends watch me play?** Yes, family and friends are welcome during the tournament. Friends may only visit in the dorm lobby until curfew.

**What should I bring to camp?** Pillow, twin sheets, blanket, towel, toilet articles, alarm clock, knee pads, socks, volleyball shoes, shorts, t-shirts, swimsuit & sweatshirt. Appropriate dress is expected (tank tops are discouraged).

**When should I register?** Camps fill up quickly; therefore, we recommend that you register as soon as possible. In years past, the camps have filled up as early as April 1st. The most important part of registration is the application with a parent/guardian's signature and the \$100 deposit for each camp you are attending. You can send the health form later or bring it with you to the first day of camp.

Please check out our website at [www.fscvbcamps.com](http://www.fscvbcamps.com) for more detailed information about directions to FSC, camp schedules and online applications. Save time and register online. We now accept credit card payments.

If you have any other questions, please feel free to call Jill Stephens at (863) 680-4474, fax at (863) 680-4464, or e-mail [jstephens@fscvbcamps.com](mailto:jstephens@fscvbcamps.com).

New On-Line Registration at  
[www.fscvbcamps.com](http://www.fscvbcamps.com)



Florida Southern College  
111 Lake Hollingsworth Drive  
Lakeland, FL 33801-5698



SESSION I  
TEAM & INDIVIDUAL CAMP  
June 20-23, 2010



SESSION II  
SPECIALTY CAMP  
June 25-27, 2010



SESSION III  
TEAM & INDIVIDUAL CAMP  
June 27-30, 2010

**SESSION I: JUNE 20-23 - SESSION III: JUNE 27-30  
INDIVIDUAL/TEAM CAMPS**

The goal of these camps is to spend four days playing the game of volleyball, learning new techniques, developing team chemistry and exposing teams to new concepts and strategies. The coaches will cover individual skills (passing, setting, attacking, blocking, serving), as well as team concepts (offensive and defensive systems, serve receive patterns, and transition). There will be one-and-a-half days of training followed by two days of competition. The emphasis for this camp is building team concepts within each group of players. Individuals may also attend and will be grouped in teams of 8-10 players by age and skill level (Ages 12-18). Space is limited!

**SESSION II - JUNE 25-27  
SPECIALTY CAMP**

This camp is geared to the individual volleyball players who are seeking to gain experience and knowledge from top coaches relating to the specific skills for their position (setters, hitters and liberos). The camp will cover the basic skills of the game, as well as allow players to receive training in advanced techniques in the areas of setting, hitting and digging. (Ages 12-18).

**MEDICAL FORM AND INSURANCE**

Each camper must provide a current physical (09-10 school physical) indicating you are able to participate in sport activities by the first day of camp. There is a blank physical at [www.fscvbcamps.com](http://www.fscvbcamps.com). Each camper must have their own personal health insurance. There will be a certified athletic trainer on site.

**REGISTRATION AND CHECK-IN**

Team/Individual campers are to report to Jenkins Field House Sunday afternoon between **2:30 and 4:00 p.m.** Specialty Campers are to report to Jenkins Field House Friday afternoon between **1:00 and 2:30 p.m.** Final registration and room assignments will be made at this time.

**HOUSING AND MEALS**

Two FSC resident halls will be used to house the campers in single or double rooms. Camp staff will stay in the dorms and supervise the campers. Campus Safety is also on duty 24 hours a day. Breakfast, lunch, and dinner are provided daily for the campers (Mon.-Wed.) at the FSC cafeteria. During sessions 1 & 3 campers will receive 9 meals beginning with Sunday dinner and ending with Wednesday lunch. Session 2 campers will receive 5 meals beginning with Friday dinner and ending with Sunday breakfast. **\*\*Commuters will not receive any breakfast meals.\*\***

**ON-LINE REGISTRATION NOW AVAILABLE!**

You may now register and pay at [www.fscvbcamps.com](http://www.fscvbcamps.com) and go to the REGISTER page.

**THE STAFF**



**JILL STEPHENS - Camp Director**

- Florida Southern College Head Volleyball Coach (10th year)
- 2005 Conference Coach of the Year
- Former FSC Assistant Coach (4 yrs.)
- Former Assistant at Florida Atlantic University (2 yrs.)
- 2-time All-American at FSC



**BRIAN IMPERIALE**

- Florida Southern College Assistant Volleyball Coach (1st year)
- Head coach of Pinellas Heat (6 years)
- Former head coach at Clearwater Central Catholic (2 years)
- Played collegiately for Florida State Univ. club team



**CHRISSE CENTRELLA**

- Florida Southern College Assistant Volleyball Coach (3rd year)
- Former Southeastern University head volleyball coach
- Head club coach for LAVA Volleyball (4th year)

**CAMP STAFF ALSO INCLUDES:**

- Experienced collegiate coaches
- Former FSC All-Americans
- Experienced USAV Club coaches
- Several notable players, men and women, FSC, and top universities.

There will be one coach to 8-10 players for quality instruction with a staff of 32-35 coaches.

**CAMP COSTS**

- **SESSION I or III (Team Camps)**
  - Resident Camper .....\$ 345 (includes meals and housing)
  - Commuter Camper .....\$ 305 (includes lunch and dinner)
  - High School Coach .....\$ 145
- (No charge for coach who brings eight or more players. Female coaches will be expected to help supervise their teams in the dorm.)
- **SESSION II (Specialty Camp)**
  - Resident Camper .....\$ 290 (includes meals and housing)
  - Commuter Camper .....\$ 245 (includes lunch and dinner)

**Refund Deadline is May 1st.** There will be no refunds after this date. (NOTE: camps could be filled as early as April 1, so please register quickly.)

**JILL STEPHENS VOLLEYBALL CAMP APPLICATION  
YOU MAY ALSO REGISTER AND PAY ON-LINE AT WWW.FSCVBCAMPS**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_ School: \_\_\_\_\_ Coach: \_\_\_\_\_ Coach's Phone: ( ) \_\_\_\_\_ Coach's Email: \_\_\_\_\_

Level (Circle One): Var: Starter Varsity IV JHS Beginner Position (Circle One): Left Side Right Side Middle Setter Libero Beginner Club Team: \_\_\_\_\_ # of years of Club experience: \_\_\_\_\_

YOU MUST SEND A \$100 DEPOSIT FOR EACH SESSION YOU ARE ATTENDING.

<input type="checkbox"/> Session I - June 20-23 <input type="checkbox"/> Overnight Camper (\$345) <input type="checkbox"/> Commuter Camper (\$305) I am attending: <input type="checkbox"/> with my team or <input type="checkbox"/> as an individual ROOMMATE: _____	<input type="checkbox"/> Session II - June 25-27 <input type="checkbox"/> Overnight Camper (\$290) <input type="checkbox"/> Commuter Camper (\$245) ROOMMATE: _____	<input type="checkbox"/> Session III - June 27-30 <input type="checkbox"/> Overnight Camper (\$345) <input type="checkbox"/> Commuter Camper (\$305) I am attending: <input type="checkbox"/> with my team or <input type="checkbox"/> as an individual ROOMMATE: _____
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**PARENT PERMISSION**

Camp enrollment is limited. Early registration is strongly suggested. A REGISTRATION FEE OF \$100 PER CAMP must accompany this application. This fee will be credited toward your camp tuition fee. **THE BALANCE IS DUE AT REGISTRATION.** (There will be a \$25 administrative fee for all refunds prior to the May 1st Refund Deadline.) Your health/physical form may be mailed at a later date prior to the first day of camp. **Make Checks payable and send to: Jill Stephens Volleyball Camps, Florida Southern College, 111 Lake Hollingsworth Drive, Lakeland, FL, 33801-5698**

I hereby request my daughter be admitted to the Jill Stephens Volleyball Camp. The undersigned parent or guardian understands that the applicant will be engaging in physical activity during the program which contains an inherent risk, and releases the Jill Stephens Volleyball Camp and JMS Volleyball Inc. its officers, directors, agents and employees from any and all liability for personal injury arising out of the applicant's participation in the camp program. I hereby grant permission for my daughter to attend the Jill Stephens Volleyball Camp and to be treated by a licensed physician or a member of the athletic training staff for any injury, accident, illness or other mishap. I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. Each camper must present a certificate of health form with a physician stating that she is physically fit.

Please list any medical conditions of your daughter's we should be aware of: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

For Office Use Only: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Due: \_\_\_\_\_