

Sonoma County High Expectations Volleyball Camp 2016
July 14 – 16 (Thursday - Saturday)
El Molino High School, Forestville, CA
Registration Form

What is a High Expectations Camp? This is an upper level high school camp working with players that have a serious passion for the game and an impressive volleyball background. Players will be asked to jump set, jump serve, roll/sprawl, run a quick offense. If the coaches think the players have the potential to try something, it will be tried! We offer one college-level coach and one assistant per 8 girls. This will allow the player/coach ratio to stay at **4:1**. You will be hard pressed to find other camps that offer this amazing ratio!

When/Where? July 14-16, 2016 at El Molino High School, Forestville, CA

Time: 9am to 5pm each day.

Lunch: One hour lunch break each day. Campers are asked to bring their own lunch.

How Do We Accept Campers? The camp will be filled on a **first-come, first-serve** basis. However, no athlete will be immediately accepted until we are sure the High Expectations Camp is right for her. Applicants have 3 methods to prove she belongs in this camp:

- a) She can have coaches fill out the recommendation forms that are a part of the application. They are below.
- b) She can send us video of her playing.
- c) They attended the STAR camp at El Molino High School last summer, and are known to Coach Lochert and to Coach Houser.

If an athlete chooses recommendations, then one of them **must** be filled out by this season's school coach. The other can be a previous coach or club team coach. These letters may be mailed with the registration form or sent separately. They may also be scanned and emailed to sharlo@sonic.net Coach Lochert's mailing address is: Sharon Lochert, 4725 Arcadia Lane, Santa Rosa CA 95401

For The Returners! Players who attended the STAR or High Expectations camp last summer should contact Coach Lochert for recommendation requirements.

Registration Is Not Considered Complete until Coach Lochert has received all of the necessary forms. A confirmation e-mail will be sent all necessary forms are received to confirm acceptance/denial.

Cost? \$365.00. A \$150 nonrefundable deposit will hold your spot, pending acceptance.

- * Please put your daughter's name on the check!
- * Please make all checks payable to Sharon Lochert.
- * Please include home phone number on check.

Who Can Register?

The goal for the High Expectations Camp is to have players who can handle the expectations. Players must be at least rising 8th graders and have at least 3 seasons of competitive playing experience. This includes both school and club teams. When calculating number of competitive seasons, please include middle/high school teams and full season club teams. Please **do not** include:

- * teams that had no mandatory practices
- * spring or summer only leagues

If you have any questions, contact Coach Lochert. Yes, there are a few exceptions. If your player doesn't have the required experience but believes that she should be considered anyway, please contact us!

Camp Director: Tom Houser.

Coach Houser returns to Sonoma County for the 4th year! He directs camps for hundreds of girls each summer throughout the United States. For information on Coach Houser, please visit www.coachhouser.com, and click the link at the top right.

Who Are The Assistant Coaches? Our coaches have the character and personality that the players LOVE! They will share with the girls the expectations college coaches have for their players. Our awesome court assistants include present or former college players. Yes, the ratio is 4:1 – outstanding!! Please check the camp website at www.coachhouser.com to see this year's assistants.

How Can You Get More Information and Questions Answered? Contact Sharon Lochert at sharlo@sonic.net or call/text her at 707-888-3265. You may also contact Coach Houser at coachhouser@yahoo.com. For more information on Coach Houser and/or this camp, please visit www.coachhouser.com.

High Expectations Camp Registration Form

July 14-16, 2016 ~ El Molino High School

(please print legibly)

Date: _____ Adult T-shirt size: XS S M L XL (circle one)
Player's Name: _____ Player's E-mail: _____
Player's Address: _____
Player's Phone: (home): _____ (cell) _____
How many seasons has player played competitive volleyball? School _____ Club _____
Grade entering Fall, 2016: _____ School Attending Fall, 2016: _____
Player's Birthdate: _____ Doctor's Name: _____ Dr. Phone #: _____
Name of Health Ins: _____ Ins I.D. # _____
Any known allergies: _____
Any known physical condition(s) that would prevent player from fully participating in volleyball camp: _____

Parent/Guardian's Name: _____ E-mail: _____
Parent/Guardian's Phone: (home) _____ (cell) _____
In the event of an emergency, if parents/guardian cannot be reached, please contact:
Name: _____ Phone #: _____
Name: _____ Phone #: _____

Medical Authorization

(I)(We) certify that _____ is physically fit to take part in the activities of the above referenced camp. If during the course of my daughter's activities in this volleyball camp she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical care. I agree to not hold El Molino High School, any individual from the school or the camp staff, liable for any injury she may sustain while she is participating in camp activities. I authorize emergency medical treatment for my child in the event she needs such treatment and I am unavailable to give consent. Further, (I)(We), the undersigned, parent(s) of _____, a minor, do hereby authorize the principal or designee, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act, whether such a diagnosis or treatment is rendered at the office said physical or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall be in effect from July 10, 2016 to July 17, 2016, unless sooner revoked in writing delivered to said agent(s).

Waiver/Release Form

I, the parent / guardian of the _____ (participating player), a minor, agree that the registrant and I will abide by the rules of Sharon Lochert, STAR Volleyball Camps, Tom Houser, El Molino High School, West Sonoma County Union High School District, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury, associated with volleyball and in consideration for Sharon Lochert accepting the registrant for her volleyball programs and activities, I hereby release, discharge and/or otherwise indemnify the Sharon Lochert, STAR Volleyball Camps, Tom Houser, El Molino High School, West Sonoma County Union High School District, all Board members, coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the gym and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs and/or transportation to or from the same, which transportation I hereby authorize. I authorize use of player photos on the league's website or in newspapers.

Parent or Guardian – Signature Print Name (Relation to Player) Date

Camp Fee: \$365.00 (non-refundable deposit - \$150.00)

CHECKS PAYABLE TO:

SHARON LOCHERT
4725 Arcadia Lane

Santa Rosa, CA 95401

(please write player's name in memo space on check)

Current Coach's Recommendation for High Expectations Volleyball Camp

Applicant's Name: _____

Coach's Contact Information: (for possible verification purposes)

Coach's Name: _____

Email address: _____

Home phone or cell phone number: _____

Best time to reach you by phone: _____

How long have you known this player and in what capacity?

Would you recommend this player to attend a high level volleyball camp? _____

On a scale of 1-5 with 5 being the highest, please rank this player's ability in the following areas:

						Notes
Serving:	1	2	3	4	5	
Setting:	1	2	3	4	5	
Passing:	1	2	3	4	5	
Digging:	1	2	3	4	5	
Blocking:	1	2	3	4	5	
Spiking:	1	2	3	4	5	
Attitude:	1	2	3	4	5	
Teachability:	1	2	3	4	5	

Additional comments about this player that may be helpful in making a final decision on acceptance to this camp (positive or areas of needed improvement) :

You may mail this form directly to me or give it to the applicant to mail with her application. Please inform the player if you mail it directly to me. You may also scan it and send it to my email below.

Sharon Lochert
4725 Arcadia Lane
Santa Rosa CA 95401
707-888-3265 cell/text
sharlo@sonic.net

Former Coach's Recommendation for High Expectations Volleyball Camp
(required for new players only)

Applicant's Name: _____

Coach's Contact Information: (for possible verification purposes)

Coach's Name: _____

Email address: _____

Home phone or cell phone number: _____

Best time to reach you by phone: _____

How long have you known this player and in what capacity?

Would you recommend this player to attend a high level volleyball camp? _____

On a scale of 1-5 with 5 being the highest, please rank this player's ability in the following areas:

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Setting:	1	2	3	4	5	
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