



University of Cincinnati Bearcats host Touzinsky's Elite Volleyball Camp



Scott Touzinsky -
2008 Olympic Gold Medalist

Molly Alvey.
UC Head Coach

- **Phillip White**
UC Assistant Coach



All Skills Camp

Contact Info:
Scott Touzinsky
touzinskyelitevbcamps@gmail.com
Phillip White
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Phillip.white2@uc.edu

Dates: May 30-June 1, 2014

May 30
Boys:3:30-6PM Girls:6:30-9PM
May 31 & June 1
Boys:9-12PM Girls:1-4PM

Open to any and all
Girls & Boys
10-18 years old

Camp location:
Fifth Third Arena
University of Cincinnati
2700 Bearcat Way
Cincinnati, Ohio 45221

Cost:
\$150/Camper before May 1st
\$175/Camper after May 1st

Touzinsky's elite volleyball camp is an all skills camp that works on the campers fundamentals, technique and mental toughness. Our goal is to develop a solid foundation so that he/she can become an elite volleyball player. We strive to maintain a fun and competitive atmosphere so the camper can get the most out of each touch of the volleyball.

About Scott

- *2008 Olympic Gold Medalist
- Beijing, China
- *10 Years Professionally Overseas
- Germany, Turkey, Slovenia. Spain
- Puerto Rico, Belgium, Greece
- *6 Years U.S. Nat'l Team

Camp Skills

- *Ball Control
- *Defensive Positioning
- *Advanced Attacking
- *Serving Variation
- *Footwork
- *The Mental Game

Don't miss this rare opportunity to see and take a picture with an olympic gold medal. Sign up today while availability is limited.

Touzinsky's Gold Medal Camp Registration Form

Camp

May 30-June 1, 2014

Boys: May 30-3:30-6PM May 31 & June 1-9-12PM

Girls: May 30-6:30-9PM May 31 & June 1-1-4PM

Ages: 10-18 years old

Location: Fifth Third Arena

Cost: \$150/Camper before May 1st

\$175/Camper after May 1st

Participants Name_____

Sex_____ Age_____ Birthdate_____ Shirt Size_____

Address_____ Email_____

Phone #_____ Parent Work #_____

Parents Name & Emergency Contact_____

Warning liability, Release, Acknowledgement and Assumption of Risks

I understand that participation in this volleyball camp involves the risk of injury. These risks include collision with other players, being hit by the ball, falling onto the ground or the net, scratches, bruises, ETC. I further understand that before participating in this program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the camp and to follow reasonable instruction of the coaches and supervisors of the camp. Furthermore, in return for the opportunity to participate in this camp , I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the county, its employees, or its agents for bodily injury or death resulting from this camp, and to release those parties from any liability for damages resulting from my injuries or death.

Signature_____

Parent or Guardian

Date_____

Make Checks Payable To: Molleyball, LLC

Mail With Fee To: University of Cincinnati

Department of Athletics

2751 O'Varsity Way, Suite 664

Cincinnati, Ohio 45221-0021

Refund Policy: Non-refundable \$50 Administrative Fee

MOLLY ALVEY VOLLEYBALL CAMP (MOLLYBALL,LLC.)WAIVER

PLEASE READ ALL THREE SECTIONS OF THIS WAIVER, SIGN IT IN THE APPROPRIATE PLACES AND THEN BRING IT WITH YOU TO REGISTRATION/CHECK-IN FOR THE MOLLY ALVEY VOLLEYBALL CAMP

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that a risk of participating in any sport, including volleyball at the Molly Alvey Volleyball Camp (Mollyball, LLC.) , is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of

injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the

summer camp coaches or assistants as soon as the problem begins.

2. By signing below, I certify the following:

--That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation

in the summer camp;

--That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his or her safe participation in the summer camp;

--That my child has no history of fainting or other problems related to strenuous exercise; and

--That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature_____ Date: _____

CONSENTS:

1. By my signature below, I hereby give permission for the Molly Alvey Volleyball Camp (Mollyball,LLC.) and its employees and agents to obtain medical treatment for my child, _____, in the event of accident or illness during his/ her

presence at the camp.

2. By my signature below, I hereby give consent to have my child be photographed or video- or audio-taped during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by the Molly Alvey

Volleyball Camp (Mollyball, LLC.)

Parent/Guardian Signature_____ Date: _____

RELEASE:

1. In consideration for accepting my child into the Molly Alvey Volleyball Camp (Mollyball,LLC.), which uses University facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained

by my child as a result of his or her participation at the camp. I also certify that I have health insurance, which provides adequate

coverage for injuries or illness my child may sustain while participating in [camp

2. By my signature below, I also agree to release and promise not to sue the State of Ohio, the University of Cincinnati, or their

employees or agents, for any damages, loss, injury, or death arising from my child's participation in the Molly Alvey Volleyball

Camp (Mollyball,LLC.), unless such damages, loss, injury or death are caused by the gross negligence or intentional gross

misconduct of such employees or agents.

Parent/Guardian Signature_____ Date: _____