



My name is **Krista DeGeest**, Volleyball has been a passion of mine for as long as I can remember. I graduated from Spencer, lowa High School and went on to become an **All-American at the University of Northern Iowa**. Now, I have been playing professionally in Europe for the past 6 years. This past season we won the **Bronze**Medal in the first league in Germany.

This camp is designed to **teach the basics of volleyball in a positive environmentl** It's my intent that every player who works with me leaves not only improved physically but goes home with more confidence and love for the sport than ever before!

Please contact me if you have any questions!

DATE: June 27th, 28th, and 29th

TIME: 8:00-10:30 AM (9th-12th Grade)

11:00-1:00 PM (7th-8th Grade)

2:00-4:00 PM (4th-6th Grade)

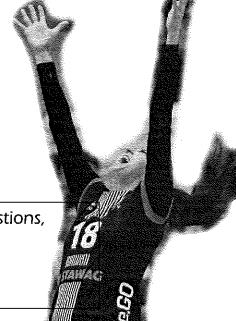
the grade that the camper is ENTERING INTO

PLACE: KWL High School

COST: \$50 per camper

For more information or if you have any questions, please contact me at:

email: vb101camp@gmail.com facebook: @KristaDeGeestVB



Registration Process:

- 1. Please fill out the form below and return with camp fee to Coach Deffenbaugh
- 2. Checks should be made out to Krista DeGeest
- 3. Keep the top half of this page as reference for camp schedule

8:00-10:30 AM (9th-12th Grade) 11:00-1:00 PM (7th- 8th Grade) 2:00-4:00 PM (4th-6th Grade)

For any questions regarding the camp please email me at vb101camp@gmail.com or message me on facebook @KristaDeGeestVB

From Coach Deffenbaugh

Do NOT write a check for this volleyball camp until the 2nd day of camp (June 28th). KWL volleyball will be paying for part of this camp and we will not know for sure how much the camp is until we have an official number of participants. Price could range from \$25.00 to \$40.00. Location of the camp will be in Kimball.

Registration Form: please use separate registration form for each camper! Camp attending: (please check) 8:00-10:30 am (9 th -12 th) 11:00-1:00 pm (incoming 7 th and 8 th) 2:00-4:00 pm (Incoming 4 th , 5 th , and 6 th)		
Camper's Name: Grade going into:	Phone #:	
Position (if you know): Setter Outside Middle Backrow		
Emergency contact information:		
NameF	'hone #:	Relation to camper:
I approve of my child's participation at Krista's Summer Volleyball Camp, and hereby certify that she/he is able to participate in all camp activities. WAIVER OF LIABILITY: In and for consideration of my child's participation in this camp, I hereby agree and promise that I will not hold Krista DeGeest, KWL Community Schools, or any camp staff responsible for any loss, damages, or personal injuries that she/he may receive as a result of participation. I have given any special limitations and hereby grant permission to the camp staff to secure proper treatment for my child.		
Parent/Guardian signature:		Date: