

COACHES



Dave Kolodney enters his third season as head volleyball coach. As head coach for the Varsity team, he led them to undefeated District seasons and District Championships in

each of the last two years. This follows up the same results with the JV team in 2015. Dave has both high school and college volleyball experience and is currently the broadcasting teacher at ORHS. He lives in Knoxville with his wife, Jessie, who is a veterinarian in Maryville, their son Elliot, and their two dogs and two cats.



ORHS VOLLEYBALL

Dave Kolodney

Volleyball Coach

Oak Ridge High School

Email: dmkolodney@ortn.edu

Lady Wildcat Volleyball

**MIDDLE
SCHOOL
INDIVIDUAL
CAMP
2018**



WILDCAT INDIVIDUAL VOLLEYBALL CAMP

Camp: July 17-19, 2018

July 17-18: Morning Session
9:00am – 12:00pm
Lunch (not provided)
12:00pm – 1:00pm
Afternoon Session
1:00pm – 4:00pm
July 19: Camp Play Day
9:00am-12:00pm

Cost: \$85.00

Wildcat Camp is intended for girls entering grades 5-8. We will focus on individual skill development and team dynamics. This camp will be a fun learning atmosphere and a great opportunity for the players to be introduced to game like situations. On the last day of camp, teams will be formed and we will have a camp play-day. JV as well as Varsity teams will play.

Parents need to provide lunch/snacks/drinks for their daughters.

All players are required to come appropriately dressed.

Deposit/Cancellation: A \$40 deposit is due with your application. Payment in FULL is due the first day of Camp; NO REFUNDS for cancellations made after Saturday, June 30th.

**Please make all checks payable to:
ORHS Volleyball**

1450 Oak Ridge Turnpike.
Oak Ridge, TN. 37830

REGISTRATION FORM MEDICAL RELEASE & WAIVER

Camper Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: Home: (____) _____

Cell: (____) _____

Birth Date: ____/____/____ Age: _____

Grade Entering: _____

Preferred Position(s):

Setter Libero

Hitter: Outside Middle Right-side

Height: _____ ' _____ "

School: _____

School Coach: _____

Club Team: _____

Please provide us with an email address that we may use for all camp correspondence:

(email)

1. Date of last physical exam: _____

2. Are you allergic to any medications? Y / N. If yes, please specify: _____

3. Any other allergies? _____

4. Any history of Respiratory Problems

Heart Problems Dizzy Spells Diabetes

Epilepsy Head Injury Rheumatic Fever

Other (explain): _____

5. Do you have any current injuries? Y / N. If yes, please explain: _____

6. Do you have any physical restrictions? Y / N. If yes, please explain: _____

7. Are you currently taking any medication? Y / N.

8. Do you require any special taping or bracing? Y / N

9. Please list any other conditions we should be aware of:

Participating in sports camps requires an acceptance of risk of injury. Oak Ridge High School has taken reasonable precautions to minimize the risk of significant injury by providing competent coaching and instruction, well-maintained equipment and facilities, proper conditioning and good medical care. Each one of you risks becoming tragically injured. With this understanding, the undersigned do hereby WAIVE and RELEASE the Oak Ridge High School, faculty and camp staff, from all liability, arising out of any sickness or injury, including death that may occur while participating in a sports camp. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. Other than medical emergency, I authorize Oak Ridge High School to examine and treat my child in the same way that all students are treated with the notification of parents being dependent on the judgment of the physician.

Participant Name: _____

Parent/Guardian Signature: _____

Emergency Contact Information:

Name: _____ #: _____

Name: _____ #: _____

Family Insurance Co: _____

Policy #: _____