

Ogallala Volleyball Summer Camps

COACH: STEVE MORGAN

ONE OF NEBRASKA'S BEST OVERALL RECORDS IN THE HISTORY OF HIGH SCHOOL VOLLEYBALL – 984 WINS
NEBRASKA'S WINNINGEST COACH FOR OVER 30 YEARS
HEAD COACH, OGALLALA HIGH SCHOOL VOLLEYBALL
45 YEAR RECORD – 984 WINS, 217 LOSSES
NEBRASKA STATE CHAMPIONS – 1975, 1983, 2001
1988, 1992, 1994 AND 1995 NEBRASKA STATE RUNNER-UPS
35 CONFERENCE CHAMPIONSHIPS IN THE PAST 45 YEARS
45 CONSECUTIVE WINNING SEASONS
HEAD COACH, UNITED STATES VOLLEYBALL ASSOCIATION, MID-AMERICA TEAM
KMCX COACH OF THE YEAR
HEART OF AMERICA CLASS B COACH OF THE YEAR
HEAD COACH OF NEBRASKA EAST-WEST ALL-STAR TEAM – 1984, 1985, 2006
HEAD COACH OF NEBRASKA NORTH-SOUTH ALL-STAR TEAM – 1987, 2001
NCA NEBRASKA COACH OF THE YEAR – 1987, 2001
LINCOLN JOURNAL & STAR COACH OF THE YEAR – 2001
OMAHA WORLD HERALD COACH OF THE YEAR – 2001
HONORABLE MENTION – UNITED STATES VOLLEYBALL ASSOCIATION
MILESTONE AWARD WINNER – LEVEL I, II, III AND IV
KEITH COUNTY ALL AREA COACH OF THE YEAR – 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2017
NCA VOLLEYBALL AWARD – 2008
NEBRASKA HIGH SCHOOL SPORTS HALL OF FAME INDUCTEE – 2012

Youth
Programs
Inc.

Health & Insurance: All participants should be covered by family or personal medical insurance. Each participant is requested to provide their insurance company name, company address, policy number, and the name of the policy owner.

Instruction stresses the fundamentals of power volleyball and is designed to smooth out problem areas on an individual basis.

* If your team plans to attend team camp, it is vitally important that the **basic fundamentals are mastered** before your team can get the full benefits from this camp. When you reserve spots for team camp, **please specify number of teams coming** from your school.

All Team Campers must be accompanied by a coach or a sponsor. The **minimum** number of team members accepted will be **eight**. Borrowing an additional team member from another team or town is acceptable.

If you are attending team camp, please bring your own balls for warm up.

Team Camp Coaches remember to bring prewrap and tape for your athletes.

Volleyball court facilities located at the Ogallala Auditorium located at 514 East B Street. Team Camp report to the Ogallala High School located at East 6th & G Street.

Equipment needed: tennis shoes, knee pads, shorts, T-shirts, socks, etc.

Information on lodging **on request**.

Camp T-shirts will be available.

All registrants will receive a confirmation of acceptance to camp.

If several members of your school plan to attend the same camp, please send your applications in as close together as possible to help insure attendance at the same camp.

Visit our website at www.stevemorgancamps.com For questions: skmorgan@charter.net

\$20.00 non-refundable deposit must accompany registration. Make checks payable to Youth Programs, Inc. Please fill out the application on the reverse side and return by June 3, 2021. We will continue to accept applications after June 3 until all camps are filled. Camps will be limited. Applications will be processed on a first-come basis. Past camps have filled quickly.

Send Application to: **Ogallala Volleyball Summer Camps**

**Steve Morgan
413 Mako Ch Mni
Ogallala, NE 69153-5809
(308) 284-2836**

2021 Ogallala Volleyball Camp

Conducted by

Coach Steve Morgan

Grades 3 - 12

INDIVIDUAL CAMPS

Grade Levels 3-8 Cost - \$65.00

Hours: 9:00-11:30 a.m. & 1:00-3:30 p.m.

June 14-15, 2021

June 21-22, 2021

June 28-29, 2021

Grade Levels 9-12 Cost - \$75.00

Hours: 8:00 a.m.-12:00 p.m. & 1:00-3:30 p.m.

June 24-25, 2021

TEAM CAMPS

Grade Levels 9-12

Cost - \$75.00 per Team Member

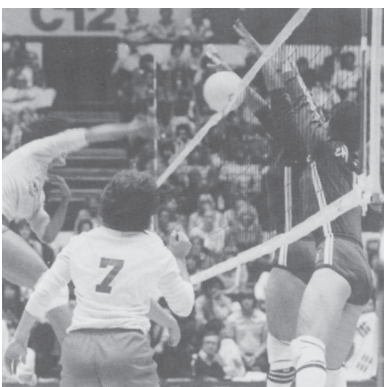
Hours: 8:00-12:00 noon & 1:00-5:00 p.m.

July 12-14, 2021

July 15-17, 2021

All team camp registrations and fees are due July 1, 2021.

Your registration is not complete without all forms and payment.



Ogallala Volleyball Summer Camps

Steve Morgan
413 Mako Ch Mni
Ogallala, NE 69153-5809
skmorgan@charter.net

CAMP APPLICATION

Camp Dates This Application Covers _____ (Team Camp Only) Coach _____

Name _____ Home Phone _____ E-mail _____

Address _____ City/State/Zip _____

Team Camp only – Coach's Home Phone _____ Coach's Cell Phone _____

Grade (Fall 2021) _____ High School _____

Mail Application with \$20.00 Deposit to: **Ogallala Volleyball Summer Camps, Steve Morgan, 413 Mako Ch Mni, Ogallala, NE 69153-5809**

AUTHORIZATION

We, the undersigned parents or guardians of _____, a minor, do hereby authorize the directors of the Ogallala Volleyball Summer Camps or their designee to select hospital facilities and/or a physician of their choice and authorize treatment of the above named camper on an emergency basis in the event such treatment becomes necessary as a result of participation in the Volleyball Camp. We hereby grant permission for her to participate in the Volleyball Camp and acknowledge the fact that she is physically able to participate in camp activities. The parent or guardian assumes responsibility for any damage done by the above named to property. The athlete will obey all Ogallala Volleyball Camp regulations or be subject to dismissal from the program and sent home at the athlete's expense. The signature of the parent or guardian relieves the Ogallala Public Schools, Ogallala Volleyball Summer Camp and their delegated representatives of any and all liability.

Date _____ Parent / Guardian Signature _____

WAIVER / RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to participate on behalf of this athletic program and related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS YOUTH PROGRAMS, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, ("RELEASES") WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OR RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature _____ Age _____ Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature _____ Date _____ Emergency Phone No. _____

HEALTH INSURANCE INFORMATION

Name of Insurance Company _____ Policy Number _____

Company Address _____ Policy Owner _____