

12TH ANNUAL



OVIEDO VOLLEYBALL SKILLS CAMP



**COME TRAIN
WITH US!**



JUNE 4-6, 2024

10:00-3:00PM EACH DAY



OVIEDO HIGH SCHOOL

601 KING STREET, OVIEDO



FOR GIRLS AGES 8-14

THIS INCLUDES INCOMING FRESHMEN

2013 & 2018 STATE CHAMPIONS
2001 & 2016 STATE RUNNER-UP



2024 OHSVB CAMP INFORMATION:

The six basic skills of volleyball will be taught throughout the week. Those skills included are **servicing, passing, setting, hitting, blocking & defense** with a camp tournament on the last day. All skill levels are welcome and groups are divided based on grade entering in school along with skill. The camp staff takes pride in what we do in teaching young athletes the game of volleyball. We hope that throughout the week skill level increases and campers have fun learning more about the game.



DATES & TIME

Tuesday, June 4-Thursday, June 6 from 10:00am-3:00pm each day (there will be a lunch break from 12:00-1:00pm)



COST

\$180 per camper if pre-registered before May 1; \$200 per camper registered on or after May 1



REGISTRATION

The OHSVB Camp Registration Form on the next page and the SCPS Waiver Form on the back need to be submitted before campers are allowed to participate in any sessions. You can drop them off at Oviedo High School, mail or email them.



WHAT TO BRING

Campers need to bring their own lunch each day. Campers are also encourage to bring a water bottle and a good attitude!



THEME DAYS

Each day of camp will have a theme that we encourage campers to participate and have fun with!

- Tuesday is **Color Day** (wear only your favorite color, ex: all red, all blue, etc.)
- Wednesday is **Wacky Tacky Day** (wear your craziest patterns, socks & hair)
- Thursday is **Spirit Day** (wear your camp t-shirt and any orange and black)



CAMPER REUNION NIGHT

Our first home game against East River on Tuesday, August 20 is Camper Reunion Night with games at 4:30, 5:30 & 7:00! Come out and support by wearing your 2024 OHSVB Camp Shirt!



FACILITIES

All camp sessions will be held on the Oviedo High School campus. Drop-off and pick-up will be at the Robert W. Lundquist Gymnasium located in the back of campus (off of Pine Street).

CAMP STAFF

JEN DARTY, Head Coach

Jen Darty is the Head Girls Volleyball Coach at Oviedo High School and will serve as Camp Director. Darty, also an Oviedo High School alumni, is entering her fourteenth season with the program and has posted a 249-119 record. This year marks the twelfth year of the Oviedo High School Volleyball Camp. Darty has led the team to two State Championships—the school and county's first ever in 2013 & the most recent in 2018. Darty has been recognized as the 2019 National Girls Volleyball Coach of the Year by the National High School Coaches Association, 2019 Sports 40 Under 40 presented by the National High School Athletic Coaches Association and Coach & Athletic Director Magazine, 2019 American Volleyball Coaches Association Thirty Under 30, 2018 Florida Dairy Farmer's Girls Volleyball State Coach of the Year, 2018 Class 9A Girls Volleyball Coach of the Year, 2018 National High School Athletic Coaches Association National Girls Volleyball Coach of the Year Finalist, 2018 National High School Athletic Coaches Association Southeast Region Girls Volleyball Coach of the Year, 2018 Florida Athletic Coaches Association State Girls Volleyball Coach of the Year, 2016-2017 NFHS Girls Volleyball State Coach of the Year, 2016 Florida Athletic Coaches Association All-Star Game Head Coach, 2016, 2017, 2018 Florida Athletic Coaches Association Class 9A District 9 Girls Volleyball Coach of the Year, 2017, 2018, 2019 Seminole Athletic Conference Beach Volleyball Coach of the Year, 2014 Bright House Sports Network Seminole County Coach of the Year across All Sports, 2014 Orlando Sentinel All-Area Girls Coach of the Year, 2014 American Volleyball Coaches Association Region Coach of the Year, 2014 Seminole County Public Schools Girls Coach of the Year, 2013 Class 7A Girls Volleyball Coach of the Year, and 2011, 2016, 2017 Seminole Athletic Conference Girls Volleyball Coach of the Year. She has coached fifty individual players to be recognized as members of All-Conference teams, twenty named as All-Central Florida team members, five Seminole County Volleyball Players of the Year, three MaxPreps All-American recognitions, three AVCA Under Armour All-Americans, the 2013, 2014 & 2018 Class Player of the Year, the 2014 & 2018 State of Florida's Miss Volleyball, 2014 & 2018 Gatorade Player of the Year, and the 2018 PrepVolleyball National Player of the Year.

TRISTYNN BOHNE, Assistant Coach

Tristynn Bohne is entering her fourth season as an assistant coach in the Oviedo High School Girls Volleyball program. She has been coaching for ten years within high school and club volleyball.

JEFF SCHNEIDER, Assistant Coach

Jeff Schneider is entering his sixth season as Darty's junior varsity coach. In his four seasons at Oviedo, he has led the JV Lions to 71-24 record. Schneider is also the head boys volleyball coach at Oviedo High School and coaches boys club volleyball in the area.

ASHLEY BESS, Assistant Coach

Ashley Bess, an Oviedo High School alumna, returns for her second season as the Freshmen Girls Volleyball Coach. In her first year, she led the team to a 16-4 record. Bess also coaches girls club volleyball in the area.

RAVEN WROBLESKI, Assistant Coach

Raven Wroblewski is entering her third season as an assistant coach within the girls volleyball program after a stellar career as an Oviedo Lion for both the indoor and beach volleyball programs.

ADDITIONAL CAMP STAFF WILL BE MADE UP OF MEMBERS OF THE OVIEDO HIGH SCHOOL VOLLEYBALL PROGRAM RANGING FROM CURRENT PLAYERS TO ALUMNI.



QUESTIONS? CONTACT JEN DARTY AT JENNIFER_DARTY@SCPS.K12.FL.US

2024 OHSVB CAMP REGISTRATION:

Camper Name: _____ Age: _____ Grade Entering: _____

Address: _____ City, State, Zip: _____

Parent/Guardian Names: _____

Phone: _____ Phone: _____

Email: _____

School: _____ Years Played Volleyball: _____ Position: _____

Club Team: _____ T-Shirt Size: YS YM YL YXL S M L XL XXL
circle one

How did you hear about our camp? _____

MEDICAL RELEASE AND WAIVER:

Participating in sports camps requires an acceptance of risk of injury. Oviedo High School and the camp staff have taken reasonable pre-cautions to minimize the risk of significant injury by providing competent coaching and instruction, well-maintained equipment and facilities, and proper conditioning. Each one of you risks becoming injured. With this understanding, the undersigned do hereby WAIVE and RELEASE the Oviedo 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 Oviedo High School to examine and treat my child in the same way the high school students are treated with the notification of parents being dependent on the judgment of the physician.

Please list any medical conditions we should be aware of: _____

Parent/Guardian Signature: _____

Emergency Contact: _____ Phone: _____

CAMP PAYMENT:

PAYMENT SUBMITTED PRIOR TO MAY 1: \$180 // PAYMENT SUBMITTED ON OR AFTER MAY 1: \$200

Payment can be submitted as cash, check made out to Oviedo High School or online with credit card. Your payment is *non-refundable* and is due with your registration and waiver form as soon as possible. To pay with credit card, scan the QR code below to access the link through MySchoolBucks. **All registration forms and payment can be:**

dropped off or mailed to:

Oviedo High School
Attn: Jen Darty, Volleyball
601 King Street
Oviedo, Florida 32765

scanned and emailed to:

jennifer_darty@scps.k12.fl.us



QUESTIONS? CONTACT JEN DARTY AT JENNIFER_DARTY@SCPS.K12.FL.US

Appendix I— Release and Waiver of Liability for Students

Applicants under age 18 must have parent or guardian complete Parts 1 and 2.

PART 1: Parent/Guardian Consent, Acknowledgement and Release (to be completed and signed by parent(s)/legal guardians(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign)

- A. I hereby give consent for my child/ward _____ to participate in the _____ "Activity/Event."
- B. I know of and acknowledge that I and my child/ward know of the risks involved in "Activity/Event", understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in "Activity/Event". With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, and the contest officials, of any and all responsibility and liability for any injury or claim resulting from such "Activity/Event" participation and agree to take no legal action against the school, the schools against which it competes, the school district, and/or the contest officials because of any accident or mishap involving the "Activity/Event" participation of my child/ward. As required in F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use of disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the "Activity/Event", upon its request, of all records relevant to my child's/ward's eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- C. In consideration for participating in this "Activity/Event", the undersigned, for himself/herself, his/her child/ward as well as the child/ward's legal guardians/ personal representatives, heirs and next of kin, acknowledges, agrees and represent that he/she, HEREBY RELEASES, WAIVES, HOLDS HARMELSS, DISCHARGES AND COVENANTS NOT TO SUE The School Board of Seminole County and each of its past, present, and future officers, directors, board members, affiliates, partners, agents, servants, representatives, attorneys, employees, predecessors, successors, subrogees, assigns, and insurer(s) ("releasees"), from all liability to the undersigned, his/her child/ward, personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to my child/ward arising out of participation in the Activity/Event, whether caused by the negligence of the releasees or otherwise while the undersigned is participating in any way in the Activity/Event;
- D. **READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY/EVENT. YOU ARE AGREEING THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, OTHER PARTICIPANTS IN THE ACTIVITY/EVENT, THE SCHOOL DISTRICT, AND THE ACTIVITY/EVENT OFFICIAL'S USE REASONABLE CARE IN PROVIDING OR SUPERVISING THIS ACTIVITY/EVENT, THERE IS A CHANCE YOUR CHILD/WARD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY/EVENT BECAUSE THERE ARE CERTAIN INHERENT DANGERS WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS RELEASE AND WAIVER, YOU ARE GIVING UP ALL CLAIMS AND POTENTIAL CAUSES OF ACTION YOU AND YOUR CHILD/WARD MAY HAVE AGAINST YOUR CHILD'S/WARD'S SCHOOL, OTHER PARTICIPANTS, THE SCHOOL DISTRICT, AND THE ACTIVITY/EVENT OFFICIALS FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD/WARD OR ANY PROPERTY DAMAGE THAT RESULTS FROM PARTICIPATION IN THE ACTIVITY/EVENT. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND THE SCHOOL BOARD OF SEMINOLE COUNTY AND THE SCHOOL MAY DENY YOUR CHILD/WARD THE RIGHT TO PARTICIPATE IN THE EVENT/ACTIVITY.**
- E. I agree that the State Courts of Seminole County, Florida, and the federal courts of the Middle District of Florida, Orlando Division are the exclusive venue for any legal actions arising out of this Release and Waiver.
- F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all them at any time by submitting said revocation in writing to the School Board of Seminole County, Florida and my child/ward may no longer be eligible for participation in activity/event.
- G. Please check appropriate box(es):
- My child/ward is covered under a health insurance plan.
Company: _____ Policy Number: _____
- I have purchased supplemental insurance through Kid Guard.
- My child is not covered by health insurance.

PART 2: Student Consent, Acknowledgement and Release (to be signed by participant at the bottom)

I have read and agree to the Consent and Release from Liability and know of no reason why I am not eligible to participate in Activity/Event. I agree to follow the rules and abide by them set forth by Activity/Event. I know that participation in the Activity/Event is a privilege. I know of the risks involved in participation in the Event/Activity, and I understand that serious injury and even death is possible in participation and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in this Activity/Event, with full understanding of the risks involved. If I am 18 years of age or older, or emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, other participants in the Activity/Event, the school district, and the Activity/Event officials of any and all responsibilities and liability for any injury or claim resulting from such participation and agree to take no legal action because of any accident or mishap involving my participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in Activity/Event.

Please check if applicable:

I am 18 years of age or older/emancipated and I have a health insurance plan.

Company: _____ Policy Number: _____

_____ I have no health insurance.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND WAIVER, AND I FREELY AND VOLUNTARILY SIGN THIS FORM. (only one parent/legal guardian signature is required)

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND WAIVER, AND I FREELY AND VOLUNTARILY SIGN THIS FORM. (student/participant signature is required)

Name of Student (printed)

Signature of Student

Date