

ABOUT THE COACH

CHRIS MIRON



Chris Miron, Clarke College Head Women's Volleyball Coach is in his sixth season as head coach of the women's program.

Miron has coached volleyball at all levels from elementary to Division III/NAIA college programs. Prior to coming to Clarke College, Miron served as the head girls' volleyball coach at Caledonia High School, finishing with a 92-29 mark after 4 years at the helm. While assisting at the University of Wisconsin-La Crosse, the Eagles reached the Elite Eight round of the NCAA Tournament in 2003 and 2004.

In his time at Clarke, the women's program reached new heights in 2007 and 2008 by completing seasons that set program history records for highest winning percentage. In 2006, when serving as the head men's volleyball coach, the men's program was crowned the MIVA regular season conference champion, where Miron earned Midwest Intercollegiate Volleyball Association Coach of the Year honors. In 2009 the men's team also set a record for the highest winning percentage in history.

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Clarke College

1550 Clarke Drive
Dubuque, Iowa 52001-3198



CLARKE COLLEGE GIRLS' **VOLLEYBALL** SUMMER LEAGUE



JUNE 16, 23, 30
JULY 14, 21, 28
AUGUST 4, 11

ABOUT THE LEAGUE

The 2010 Clarke College Girls' Volleyball Summer League will consist of an eight-team Varsity and eight-team Junior Varsity League.

- Three games to 25 points, win by two, unless 30 point cap
- Match times: 5 p.m., 6 p.m., 7 p.m., 8 p.m.
- One match per league night
- Minimum of seven players on a roster, maximum of 12
- Iowa High School Volleyball rules enforced
- Officials provided for all matches
- Coach and adult chaperone on bench at all times
- Warm-up and match volleyballs provided
- Round-robin play within division

AGE REQUIREMENT

Incoming 9th through 12th graders.

COST

CAMP FEE \$300

- Fee includes t-shirt.
- All team members must send in registration forms together in one envelope with a \$300 registration fee.

REGISTRATION INFORMATION

Complete the Registration Form and Hold Harmless and Health Information and mail along with your \$300 check (payable to Clarke College) to:

Clarke College Girls' Volleyball Camp
1550 Clarke Drive
MS # 1756
Dubuque, Iowa 52001

ADDITIONAL INFORMATION

Contact Chris Miron, Clarke College Head Men's and Women's Volleyball Coach, at (563) 588-6304 or e-mail at chris.miron@clarke.edu

HOLD HARMLESS AND HEALTH INFORMATION

Neither Clarke College nor the Clarke College Clinic/Camp carries medical insurance for injuries sustained by participants. Therefore, the person responsible for participant should review his/her own health insurance policy for coverage. The absence of health insurance coverage does not make Clarke College or the Clinic/Camp responsible for payment of medical expenses.

As a parent/guardian/participant, I agree to assume the full risk and fully release and discharge members of the Clarke community, its directors, officers, trustees, agents, servants and employees for any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of any Clinic/Camp activity. I agree to waive and relinquish all claims my child/ward or I may have as a result of participating in the Clarke College Clinic/Camp against Clarke College and its directors, officers, trustees, agents, servants and employees, as well as to indemnify and hold harmless the aforementioned.

In the event of an emergency, I authorize Clarke College Clinic/Camp officials to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care, and medical services required.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

I have read the Permission to Secure Treatment, the Hold Harmless Agreement, and the Waiver to Release all Claims and my signature on the roster form is acknowledgement that I have read and agreed to all aspects of each.

The parent/guardian signature is to confirm that you have read and agreed to all aspects of the hold harmless agreement, waiver to treat and release of claims.

Signature of parent/guardian

Date

If the parent/guardian is unavailable, in the event of an emergency, please contact:

Name

Relationship

Home Phone

Cell Phone

GIRLS' VOLLEYBALL CAMP REGISTRATION

ATHLETE INFORMATION

SUMMER LEAGUE DIVISION (circle one) VARSITY JUNIOR VARSITY
NAME _____ AGE _____
LEAGUE TEAM NAME _____
SCHOOL _____ GRADUATION YEAR _____
SCHOOL COACH _____
POSITION (circle one) OUTSIDE MIDDLE OPPOSITE SETTER DEFENSE LIBERO
NUMBER OF YEARS PLAYING EXPERIENCE (circle one) 1 2 3 4 5 6
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE (_____) _____
MOTHER'S NAME _____
MOTHER'S CELL PHONE (_____) _____
FATHER'S NAME _____
FATHER'S CELL PHONE (_____) _____
PARENT'S E-MAIL _____
SHIRT SIZE (circle one) Adult: S M L

HEALTH INFORMATION

BIRTHDATE ____ / ____ / ____
ALLERGIES _____

NECESSARY MEDICAL INFORMATION _____

MEDICAL INSURANCE COMPANY _____
POLICY NUMBER _____
NAME OF PERSON CARRYING INSURANCE _____
RELATIONSHIP TO ATHLETE _____
DUBUQUE PHYSICIAN PREFERENCE _____
PHONE _____
DUBUQUE HOSPITAL PREFERENCE (CIRCLE ONE) MERCY FINLEY