



2025

# St. Mary's Springs Ledgers Girls Volleyball Camp

Camp Director: Kelsey Fenner, Head Coach  
Coachkf72322@gmail.com (920) 342-9518

**DATES:** Tuesday, July 15 - Thursday, July 17

Grades 5-6-7-8

5:00 pm - 7:00 pm

Baker Gym

**\*\* Grades are for the fall of the 2024-25 school year\*\***

- The camp will be held at St. Mary's Springs Academy: 255 County Road K, FDL, WI 54937

**PHILOSOPHY:** We have designed the volleyball camp to meet the needs of players of all skill levels. Coach Fenner and her staff will utilize years of coaching experience at the high school level to help each individual improve and to teach them how to continue to improve after camp has concluded. Athletes can expect instruction along with lots of repetition and feedback in a positive, uplifting learning environment. Camp will be planned to resemble our high school practices.

**CAMP GOAL:** Our goal is to provide quality instruction of the fundamentals of volleyball for grade school, middle school and high school players. The emphasis of our camp will be to help the players improve their skills for next year and future seasons by paying forward our love and appreciation for the game of volleyball.

**CAMP FEATURES:**

Serving

Hitting & Blocking

Contests & awards

Setting

Passing & ball handling

**REGISTRATION:** Be sure to register early. Registration deadline is Thursday, July 3<sup>rd</sup>, 2025

**CAMP COST:** \$ 50.00 – Grades 5-6-7-8

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NAME \_\_\_\_\_

GRADE '25-'26 \_\_\_\_\_ HEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

SCHOOL LAST YEAR \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Checks may be made payable to: **SMSA Camps**

Send to:

Kelly Mueller

255 County Road K

Fond du Lac, WI. 54937

**PARENT'S STATEMENT:** In case of an accident or emergency, I hereby authorize the camp directors to act according to their best judgement in a medical emergency. I accept full responsibility for liability and the cost of treatment.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_