## 2019 Ramapo College Summer Volleyball Camp MIDDLE SCHOOL through HIGH SCHOOL



Camp Session I: Monday-Wednesday 4PM- 8:30PM July 15th -July 17<sup>th</sup> 2019 Camp Session II: Monday – Wednesday. 4PM- 8:30PM July 22<sup>nd</sup> —July 24<sup>th</sup>, 2019

Air Conditioned Facilities!!

Cost: \$300 per Camp Session (\$550 when signing up for both sessions)

<u>\*\*Rob's Pichardo Prospect ID Training Camp</u> Sunday July 14<sup>th</sup> & July 21<sup>st</sup> (\$100 each session)

This is a Prospect ID Camp designed for athletes looking to play competitively at the next level. This is an intense positional training recommended for advance High School Varsity / club experience level of play. Trial run last year with 1 session. This year we're running 2 sessions.

Camp will focus on volleyball fundamentals and intense hands-on training. Our goal is to guide the student athletes into complete players, by focusing on and enhancing both their mental and physical skill sets.

Coach Pichardo is entering his 15<sup>th</sup> season with the women's volleyball program at Ramapo College. The 2016 NJAC Coach of the Year, h a s I e d t h e L a d y Roadrunners to 13 NJAC Tournament appearances over the last 13 seasons, including four championships appearances and five semifinal appearances.

Coach Pichardo is a recipient of the AVCA "**400 Victory Club**" award after earning 400 or more NCAA collegiate career victories. He is also a fellow member of the same association as well as USA Volleyball. He has now compiled over **480** NCAA career victories. His many accomplishments in the sport includes; NJAC Coach of the Year in 2016; CUNYAC Coach of the Year in 2000, '02, '03, '04. NECVA Coach of the Year in 2002, HVAC Coach of the Year in 1995 & 1996.

Pichardo is a former H.S. Athletic Director, and currently on his 23<sup>rd</sup> year as a Health & Physical Education teacher with the NYC Department of Ed., as well as a U.S. NAVY veteran. He is a member of the Dominican Volleyball Federation. He holds a FIVB Level 1 International Coaching Accreditation License, High Performance Clinician, USA IMPACT and a USA CAP Level II, CAP Level III in the horizon.



Questions? Contact Coach Rob Pichardo rpichard@ramapo.edu / 917-805-4711

RAMAPO COLLEGE ROADRUNNERS VOLLEYBALL CAMP Sth Grade through High School 2019 Registration Form				
CAMP SESSIONS: I / II SI Monday July 15 <sup>th</sup> to Wednesday July 17 <sup>th</sup>	PLAYING EXPERIENCE			
4:00 pm to 8:30 pm S II Monday July 22 <sup>nd</sup> to Wednesday July 23 <sup>rd</sup> 4:00 pm to 8:30 pm **Rob Pichardo Prospect ID Training Camp **(\$100 per session) 9:00 AM to 2:00 PM S I Sunday July 14 <sup>th</sup> S II Sunday July 21 <sup>st</sup>	<ul> <li>H.S. Varsity</li> <li>H.S. Jr. Varsity</li> <li>H.S. Freshman</li> <li>Club/Travel</li> </ul>			

**\*\*Rob Pichardo Prospect ID Training Camp**, is geared towards athletes looking to play in college and/or fine-tuned their competitive game at the next level. This is an intense position specific 1-day training session. We recommend the athlete to have an advance level of play at the High School or Club Travel, along with a higher level of training and competition experience.

Adult T-Shirt Size: S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_

COST: \$300 per Camp Session

(\$550 when signing up for both sessions) \*must attend both sessions.

\*\*Camp will have a Limited # of Registrants to allow for a better Player/Coach Ratio.

## Registration Form—Due By June 30<sup>th</sup> (Don't wait before is too late!!)

Name: (first, last): _	· · · · ·		·	
Birth Date:	Grade Level Fall 2019/20	: School	Attending:	Position:
Home Address:				
City:		_ State:	Zip:	
Parent E-mail:			Best Contact #:	
acceptance of this app representatives or ass claims resulting from	ou accept camper's application for en lication, we/I hereby agree to release igns, including the Department of Int any injury sustained by my child whil f or other medical professionals to pro	e, indemnify and how ercollegiate Athleti le traveling and par	d harmless Ramapo College, its cs, the coaching and training sta ticipating in the camp. We/I furt	agents, Trustees, employees, ff and camp employees, from all her hereby give permission to the
Signature of Parent/	Guardian:		Date:	
Medical Insurance	Company:	Po	licy/Group #:	
	cation and a check for above : 505 Ramapo Valley Rd., M			

Please note: There is \$100 non-refundable fee for any cancelations. No Exceptions!!!