



Teays Valley Volleyball



Summer Camp

The Teays Valley Volleyball program will host Jenn Fekpe, who was announced as Ohio Dominican's head volleyball coach in April, to run our high school volleyball camp. Coach Fekpe has spent the last three years as ODU's assistant coach. She helped ODU to a third place finish in the GLIAC South Division in 2014 as the Panthers qualified for their first GLIAC Tournament. ODU placed three players on the All-GLIAC squad as well. In 2015, ODU finished with a 17-13 record overall and had a pair of all-conference selections.

Fekpe joined ODU after spending 2012 as an assistant coach at Iowa Central Community College, where she helped the Tritons place seventh at the NJCAA Division II National Tournament, finishing with an overall record of 36-12. She helped train two-time All-American Alicia Moreno, coached another All-American in Gabriella Reyes, and had a total of six players earn all-region accolades following the season.

Fekpe, who played collegiately at the University of Akron and at nearby Capital University, also has collegiate coaching experience as an assistant at Ashland during the 2011 season, and coached club volleyball with Mintonette Sports and Aleta Aces Volleyball.

Price: \$90 (includes tee shirt)

Dates: July 26th - 28th

Times: 9 am – 12 pm

Please make checks out to: **Teays Valley Volleyball**

Please send the following information to:

Kyle Watson
3887 St. Route 752
Ashville, Ohio 43103

Player Information: _____ T-Shirt Size (Circle One): Adult: XL, L, M, S
Player Name _____ Grade Fall '16 _____

_____ Address _____ City _____ State _____ Zip _____

_____ Parent/Guardian Name _____ Parent/Guardian Email _____

_____ Parent/Guardian Home Number _____ Emergency Contact Name _____ Phone _____

_____ Parent/Guardian Cell Number _____ Emergency Contact Name _____ Phone _____

Are there medical conditions our staff should know?

We/I give my permission for my daughter to participate in the Teays Valley volleyball Camp and agree that any medical services will be covered by our family medical coverage. In consideration for my daughter's participation, I will not hold the camp or its employees or Teays Valley City Schools responsible for any loss, damages, or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or at the nearest hospital emergency room in case that I cannot be reached.

Parent or Guardian Signature: _____ Date: _____