



IGHSAU/ECIVOA Volleyball Officials Clinic

When: Sunday, August 15, 1:00 – 6:00

Where: Mount Vernon High School, Mount Vernon, IA

Cost: \$15 *No Charge for ECIVOA Officials!**

Clinicians that will be in attendance are Tina Brooker (3-time state volleyball official), Jan Duffy (8-time state volleyball official), Mark Gutknecht (3-time state volleyball official), Charles Halsey (10-time state volleyball official, ECIVOA Secretary), Kent Kocour (3-time state volleyball official, USAV Junior National Referee, PAVO State Referee), Scott Kremer (PAVO Certified Line Judge), Kim Patik (state volleyball official, PAVO State Referee, PAVO Certified Line Judge), Kris Plueger (18-time state volleyball official), and Joel Oswald (IGHSAU Assistant Director).

This volleyball officiating camp is designed for both veteran and beginning officials looking to improve their skills and advance their volleyball officiating careers. This clinic is not required; it is simply an opportunity to become a better official, network with your officiating colleagues, ask some questions, and maybe even make some new friends. Sessions will be held on proper mechanics, professionalism, communication, teamwork, libero tracking, overlap identification, net play, line judging, and ball handling. Officials will not be observed while actually officiating at this clinic, but on-court demonstrations will be held.

Each official should be wearing casual attire and a positive attitude. Snacks and beverages will be provided.

If you have any questions regarding this camp, please contact Joel Oswald at 515-288-9741 or joel@ighsau.org.

Please fill out the registration form on the following page if interested in attending this camp.

***ECIVOA officials, register directly with Kris Plueger!!!



Mt. Vernon Volleyball Officials Camp Registration Form

**Please Return
This Form**

Name _____

Address _____

City _____ Zip _____

Phone # (Home) _____ (Cell) _____

Email Address _____

Years Officiating High School Volleyball _____

Level You Typically Officiate (check all that apply)

Junior High _____ Sub-Varsity _____ Varsity _____ College _____

**Cost of Camp \$15
Snacks and beverages will be provided**

**Please Send Registration and Payment to:
IGHSAU
Attention: Joel Oswald
2900 Grand Ave
Des Moines, IA 50312**

PLEASE READ AND SIGN THE FOLLOWING RELEASE STATEMENT:

I hereby release the staff and sponsors of the IGHSAU/ECIVOA Volleyball Officiating Clinic from any and all liability for injuries and/or illnesses incurred while at camp. I have no knowledge of any physical impairment or limitations that would affect my participation in the camp program as outlined in the brochure. Further, I hereby authorize the IGHSAU/ECIVOA Volleyball Officiating Clinic to act in my best interests in any emergency situation requiring medical attention.

Signature _____ Date: _____