

Coach Rietzke is ranked 2nd Nationally in both
Total wins and winning percentage in NCAA II.

Made the Round of 16 in the NCAA Division II
Tournament – 2005, 2003, 2002, 1999, 1998

Twelve NCAA Division II and NAIA National
Tournament Appearances

Team ranked 1st Nationally for match won-lost
percentage in NCAA II – 1998, 1999

2000 Squad won 32 matches in a row

2008 Squad- season record 22-11

Team ranked 10th Nationally in blocks per set
In NCAA II-2008

Tracy Rietzke

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**Rockhurst University
1100 Rockhurst Road
Kansas City, MO 64110**

Rockhurst University Lady Hawks Volleyball Camp 2009

**Camp Director
Tracy Rietzke
Head Volleyball Coach**

Staff: Members of the
Rockhurst University
Lady Hawks
Volleyball Team

**July 28, 29, 30
9 a.m. to Noon
Grades 5 to 10**

**July 28, 29, 30
1 p.m. to 4 p. m.
Grades 5 to 10**

Rockhurst University
Mason-Halpin Fieldhouse
1100 Rockhurst Road
Kansas City, MO 64110

The Rockhurst University Volleyball Camp is designed to help players develop their skill level. The camp format allows for individual skill development with game-like experience. Enrollment will be restricted to allow for individual instruction.

Camp Director: Tracy Rietzke

Head Volleyball Coach Rockhurst University

Overall Record 978-193

Great Lakes Coach of the Year 2005

Heartland Conference Coach of the Year 2004,
2002

NCAA South Central Coach of the Year 1999

Midwest Independent Coach of the Year
1995, 1996 & 1997

AVCA Midwest Region Coach of the Year
1993 & 1994

District #16 Coach of the Year

1989, 1990, 1991, 1992, 1993

\$85.00 Camp Fee includes: Camp T-shirt and a sack pack

Campers may come to both camps for \$160.00

_____ Detach and Return _____

We the parents of _____ do hereby authorize the director of the Rockhurst University Volleyball Camp, or his agent, to select hospital facilities and/or physician of his choice and authorize treatment, of the above named camper, on an emergency basis in the event such treatment becomes necessary as a result of her participation in the Rockhurst University Volleyball Camp. We will be responsible for all medical bills incurred as a result of her illness or injury for which medical treatment is necessary while the above mentioned applicant is at camp. We release Rockhurst University and all of its agents from future claims which may be represented by our daughter in any such injuries or illness. We hereby grant our permission and certify that our daughter is physically fit to participate in camp activity. We have no knowledge of any physical impairment that would affect our daughter's participation in the Rockhurst University Volleyball Camp.

Signature of Parent or Guardian _____

Insurance Company _____ Policy # _____

Make checks payable to Tracy Rietzke and send completed form to (Please postmark by July 18, 2009) Rockhurst University c/o Tracy Rietzke, 1100 Rockhurst Rd. Kansas City, MO 64110 Questions:??? Call (816) 501-4853 or e-mail at tracy.rietzke@rockhurst.edu

Name _____

Address _____

City/State _____ Zip _____

Phone _____ E-mail _____ Cell # _____

School _____ Age _____

Grade (Fall 2009) _____ T-Shirt size (Adult sizes) S _____ M _____ L _____ XL _____

I will attend camp 7/28 – 7/30 _____ 7/28 – 7/30 _____ Both _____
(9:00 am – 12:00 pm) (1:00 pm – 4:00 pm)