

# Ogallala Volleyball Summer Camps

YOUTH PROGRAMS INC.

## COACH STEVE MORGAN'S ACHIEVEMENTS

ONE OF NEBRASKA'S BEST OVERALL RECORDS IN THE HISTORY OF HIGH SCHOOL VOLLEYBALL – 984 WINS  
NEBRASKA'S WINNINGEST COACH FOR OVER 30 YEARS

- HEAD COACH, OGALLALA HIGH SCHOOL VOLLEYBALL
- 45 YEAR RECORD – 984 WINS, 217 LOSSES
- NEBRASKA STATE CHAMPIONS – 1975,1983, 2001
- NEBRASKA STATE RUNNER-UPS – 1988, 1992, 1994 AND 1995
- 35 CONFERENCE CHAMPIONSHIPS IN THE PAST 45 YEARS
- NCA VOLLEYBALL AWARD – 2008
- 45 CONSECUTIVE WINNING SEASONS
- HEAD COACH, U.S.A. VOLLEYBALL ASSOC., MID-AMERICA TEAM
- KMCX COACH OF THE YEAR
- HEART OF AMERICA CLASS B COACH OF THE YEAR
- HEAD COACH OF NEBRASKA EAST-WEST ALL-STAR TEAM – 1984, 1985, 2006
- HEAD COACH OF NEBRASKA NORTH-SOUTH ALL-STAR TEAM – 1987, 2001
- NCA NEBRASKA COACH OF THE YEAR – 1987, 2001
- LINCOLN JOURNAL STAR COACH OF THE YEAR – 2001
- OMAHA WORLD HERALD COACH OF THE YEAR – 2001
- HONORABLE MENTION – U.S.A. VOLLEYBALL ASSOCIATION
- MILESTONE AWARD WINNER – LEVEL I, II, III AND IV
- KEITH COUNTY ALL AREA COACH OF THE YEAR – 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2017
- NEBRASKA H.S. SPORTS HALL OF FAME INDUCTEE – 2012
- NSAA "50 YEARS IN THE MAKING" MAJOR CONTRIBUTOR – 2021
- 2021 USAV ROBERT LINDSAY MERITORIOUS SERVICE AWARD
- 2023 UNL VOLLEYBALL DAY HONORARY COACH
- 2024 PRAIRIE VIEW COURT NAMED "STEVE MORGAN COURT"
- 2025 OGALLALA HIGH SCHOOL HALL OF FAME INDUCTEE

**Health & Insurance:** All participants should be covered by family or personal medical insurance. Each participant is requested to provide their insurance company name, company address, policy number, and the name of the policy owner.

**Camp Instruction:** Stresses the fundamentals of power volleyball and is designed to smooth out problem areas on an individual basis.

**Attending Team Camp:** It is vitally important that the *basic fundamentals are mastered* before your team can get the full benefits from this camp. When you reserve spots for Team Camp, *please specify number of teams coming* from your school. All Team Campers must be accompanied by a coach or a sponsor. *Minimum* number of team members accepted will be *eight*. Borrowing an additional team member from another team or town is acceptable.

- If attending Team Camp, *please bring* your own balls for warm up, prewrap, and tape for your athletes.
- Equipment needed: tennis shoes, knee pads, shorts, T-shirts, socks, etc.

**Location:** Volleyball court facilities located at the Ogallala Auditorium located at 514 East B Street. Team Camp report to the Ogallala High School located at East 6th & G Street.

Camp T-shirts will be available. All registrants will receive a confirmation of acceptance to camp. *If several members of your school plan to attend the same camp, please send your applications in as close together as possible to help insure attendance at the same camp.*

**Payment:** \$20.00 non-refundable deposit must accompany registration. Make checks payable to Youth Programs, Inc. Please fill out registration and *return by June 3, 2025.*

- *Send to:* **Ogallala Volleyball Summer Camps – Steve Morgan, 413 Mako Ch Mni, Ogallala, NE 69153-5809**
- Applications will be accepted after June 3, until all camps are filled. Camps will be limited. Applications will be processed on a first-come basis. Past camps have filled quickly.

**More Info:** visit [www.stevemorgancamps.com](http://www.stevemorgancamps.com), or email [skmorgan@charter.net](mailto:skmorgan@charter.net), or call 308.284-2836



## 2025 Ogallala Volleyball Camp

— CONDUCTED BY COACH STEVE MORGAN —  
Grades 3 – 12

INDIVIDUAL CAMPS	TEAM CAMPS
<b>Grades: 3-8    Cost: \$75</b>	<b>Grades: 9-12    Cost: \$75/Team Member</b>
Hours: 9-11:30 a.m. & 1-3:30 p.m.	Hours: 8-12(noon) & 1-6 p.m.
JUNE 16-17, 2025	JULY 14-16, 2025
JUNE 23-24, 2025	JULY 17-19, 2025
JULY 10-11, 2025	

**All team camp registrations and fees are due June 28, 2025.**  
*Your registration is not complete without all forms and payment.*

Ogallala Volleyball Summer Camps

Steve Morgan  
413 Mako Ch Mni  
Ogallala, NE 69153-5809  
skmorgan@charter.net

CAMP APPLICATION

Camp Dates This Application Covers \_\_\_\_\_ (Team Camp Only) Coach \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

(Team Camp Only) Coach Cell Phone \_\_\_\_\_ Grade (Fall 2025) \_\_\_\_\_ High School \_\_\_\_\_

Mail Application with \$20.00 Deposit to: **Ogallala Volleyball Summer Camps – Steve Morgan, 413 Mako Ch Mni, Ogallala, NE 69153-5809**

AUTHORIZATION

We, the undersigned parents or guardians of \_\_\_\_\_, a minor, do hereby authorize the directors of the Ogallala Volleyball Summer Camps or their designee to select hospital facilities and/or a physician of their choice and authorize treatment of the above named camper on an emergency basis in the event such treatment becomes necessary as a result of the participation in the Volleyball Camp. We hereby grant permission for her to participate in the Volleyball Camp and acknowledge the fact that she is physically able to participate in camp activities. The parent or guardian assumes responsibility for any damage done by the above named to property. The athlete will obey all Ogallala Volleyball Camp regulations or be subject to dismissal from the program and sent home at the athlete's expense. The signature of the parent or guardian relieves the Ogallala Public Schools, Ogallala Volleyball Summer Camp and their delegated representatives of any and all liability.

WAIVER / RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to participate on behalf of this athletic program and related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1. Participation includes possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation; and
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS YOUTH PROGRAMS, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, ("RELEASES") WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OR RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

FOR PARENTS / GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_

HEALTH INSURANCE INFORMATION

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Company Address \_\_\_\_\_ Policy Owner \_\_\_\_\_