



POWAY HIGH SCHOOL GIRLS VOLLEYBALL
2025 Middle School Summer Volleyball Camp



Poway High's 2025 Middle School Summer Volleyball Camp

Join us for a fun, 3-day summer volleyball camp designed for girls going into the 6th-8th grades during the 2025-2026 school year. This camp is perfect for beginners starting to learn fundamental volleyball skills or for players who may not be new to the sport but would like to get in extra volleyball reps over the summer. The camp will include lessons and drills on:

- ⇒ passing (both defensive and serve receive)
- ⇒ overhead arms swings for hitting and serving
- ⇒ setting
- ⇒ team games & competition drills

Camp is limited to the first 36 players who register

Directed by Breezy Ambort (Poway's Varsity Coach) and coached by Poway's Girls Volleyball Program Coaching Staff & Alumni



JULY 31st—AUG 2nd

11:30am-1:30pm

**Poway High School's Gym
15500 Espola Road, Poway**

Cost = \$125*



*Zelle to "The Titans Girls Volleyball Club" at powaygirlsvolleyball@gmail.com or mail a check to our P.O. Box payable to the "Titan Girls Volleyball Boosters"



Please mail this flyer, **with the mandatory medical waiver** (found on the backside of this flyer or on our website at www.phsgirlsvolleyball.com), to our P.O. Box. If you do not wish to mail, you may email this flyer with the medical waiver to our program's address at powaygirlsvolleyball@gmail.com. Once our program receives both payment and the signed medical waiver, you will receive an email confirming your child's spot is reserved.

Child's Name: _____

Parent's Name: _____

Parent's E-mail: _____

**POWAY HIGH SCHOOL
GIRLS VOLLEYBALL**

Titan Girls Volleyball Boosters
P.O. Box 1863
Poway, CA 92074
www.phsgirlsvolleyball.com

Questions?

Contact: Breezy Ambort

Email: powaygirlsvolleyball@gmail.com

TITANS GIRLS VOLLEYBALL MIDDLE SCHOOL CAMP

PLAYER REGISTRATION:

Player's Name: _____ Incoming Grade: _____

Parent Email: _____ Phone: _____

Incoming School: _____

Experience: _____

MEDICAL & INSURANCE INFORMATION:

Insurance is required for all camp participants.

Medical Insurance Company: _____

Policy #: _____

Medical Conditions (if applicable): _____

Emergency Contact Person: _____

Emergency Contact Phone(s): _____

RELEASE FROM LIABILITY & INDEMNIFICATION / MEDICAL EMERGENCY RELEASE:

I certify that I am the parent or guardian of _____ and intend to enroll her in the above activity. On behalf of myself and my child, I agree to waive and release the Titan Girls Volleyball Boosters, and its coaches, for and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising out of my child's participation in the clinic or any illness or injury there from, except injury deliberately or willfully caused. I recognize that the activity can be dangerous to my child and accept those dangers. I understand that if my child is injured, this waiver will be used against myself and anyone else claiming damage because of my child's injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver.

In the event of a sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the Titan Girls Volleyball Boosters, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary and release and discharge the Titans Girls Volleyball Boosters, coaches, or any other staff working the clinic from any liability for any injuries or illnesses incurred while at the clinic and on all claims for personal injury.

I certify that I have personally read and understand this waiver and release form.

Signature: _____ Date: _____