



# Poway High's 2024 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 2024-2025 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 before June 7th.**

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



**JUNE 17th—JUNE 19th**

**10:30am-12:30pm**

**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](http://www.phsgirlsvolleyball.com)), to our P.O. Box before June 7th. Once our program has received 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](http://www.phsgirlsvolleyball.com)

Questions?  
Contact: Breezy Ambort  
Email:  
[powaygirlsvolleyball@gmail.com](mailto: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: \_\_\_\_\_