



Poway High's 2024 "Little Titans" Summer Volleyball Camp

Join us for a fun, interactive volleyball camp designed for beginner players starting to learn the sport. This camp is perfect for boys and girls going into 2nd-5th grade (during the 2024-2025 school year) who want to learn fundamental volleyball skills and have fun!! The camp will include lessons on:

- ⇒ passing
- ⇒ athletic posture and movement
- ⇒ overhead arms swings for hitting and serving
- ⇒ setting
- ⇒ team games & competition drills



Camp is limited to the first 45 players who register before June 7th due to minimal court space.

Directed by Katie Barton (Poway's Varsity Assistant Coach) & coached by the Poway Girl's Volleyball Program & Alumni



JUNE 17th—June 19th
8:00am—10:00am

Poway High School's Gym
15500 Espola Road, Poway

Cost = \$125*

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

POWAY HIGH SCHOOL GIRL'S VOLLEYBALL

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

Questions?
Contact: Katie Barton
E-mail: katiebarton13@gmail.com

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 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: _____

Incoming Grade: _____

Player's T-Shirt Size: YL S M L

“LITTLE TITANS” VOLLEYBALL CAMP (MEDICAL WAIVER)

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: _____