



POWAY HIGH SCHOOL GIRLS VOLLEYBALL

2026 High School Pre-Season Summer Volleyball Camp



Poway High's 2026 High School Pre-Season Volleyball Camp

Join us for a 3-day pre-season volleyball camp designed for girls going into the 9th-12th grades during the 2026-2027 school year. This camp is open to all players from any high school who would like to get in some extra volleyball training/repos before trying out for their high school programs in August. It is a great opportunity for players to review skills, learn some new techniques, while also assisting players with getting back into conditioned volleyball shape. It is an excellent way to get in great reps while getting the soreness out before being evaluated at their school's tryout.

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

To participate in the camp you will need to:

1. pre-register by filling out and submitting the electronic "2026 High School Camp Registration" form on our program's website at www.phsgirlsvolleyball.com under the "Summer Camps" tab
2. sign-up with AAUs and link your membership to our Titan Girls Volleyball Club
 - ◆ instructions on how to sign-up with AAUs and link to our "club" is on our program's website at www.phsgirlsvolleyball.com under the "Summer Camps" tab
3. mail (or email) this flyer & attached medical waiver
4. Zelle payment or mail-in a check to our P.O. Box

JULY 27th—JULY 29th

8:00am-11:00am

Poway High School's Gym
15500 Espola Road, Poway

Cost = \$150*

*Zelle to "The Titans Girls Volleyball Club" at powaygirlsvolleyball@gmail.com



or mail-in 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 has received payment, the signed medical waiver, and you have signed up with AAUs and have linked your membership with our *Titan Girls Volleyball Club*, you will receive an email confirming your spot is reserved for this year's camp.

Player'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

HIGH SCHOOL PRE-SEASON SUMMER CAMP

PLAYER REGISTRATION:

Player's Name: _____ Incoming Grade: _____

Player's Email: _____ Phone: _____

High School: _____ AAU Membership #: _____

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: _____