



# Poway High's 2024 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 2024-2025 school year. This camp is open to all players from any high school who would like to get in some extra volleyball training/ reps 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 "2024 High School Camp Registration" form on our program's website at [www.phsgirlsvolleyball.com](http://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](http://www.phsgirlsvolleyball.com) under the "Summer Camps" tab
3. mail-in this flyer & attached medical waiver to our PO Box
4. Zelle payment or mail-in a check to our PO Box

**JULY 29th—JULY 31st**

**4:00pm-7:00pm**

**Poway High School's Gym**

**15500 Espola Road, Poway**

**Cost = \$125\***

\*Zelle to "The Titans Girls Volleyball Club" at [powaygirlsvolleyball@gmail.com](mailto: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](http://www.phsgirlsvolleyball.com)), to our P.O. Box. 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 in 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](http://www.phsgirlsvolleyball.com)

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