

BHS Girls Volleyball
2026 Spring Break Youth Camp
For Boys and Girls Ages 8-14 Years Old
March 17-20th 2026
Burbank High School

The participants will be coached by the current BHS Girls Volleyball staff and BHS Girls Volleyball players (current and past). They will learn the fundamentals of volleyball and grow confidence in their skills while in a fun, encouraging environment.

General Skills Camp (\$150) – March 17th – 20th – 10:00a – 1:00p, BHS Main Gym

Focusing mostly on passing, setting, spiking, and serving. These techniques will be refined through repeated practice and personalized instruction. The camp will also cover offensive and defensive strategies, such as serving reception, blocking, and digging. All of these skills will be practiced through team drills and scrimmages.

Intermediate Skills Camp (\$150) – March 17th – 20th – 10:00a – 1:00p, BHS Main Gym

For players who already understand the basics and are ready to level up! This camp focuses on refining technique, improving consistency, and introducing more advanced concepts in serving, passing, setting, attacking, and team play. Athletes will work on more advanced drills, position-specific stations, and competitive game play to build confidence and prepare for the next level of volleyball.

****All registered participants will receive a T-shirt & a pizza party on the last day ****

To register, please complete, sign and return the attached camp selection and Waiver and Release Agreement to Coach Stephanie Yosh by bringing it with you on the first day of camp. Should you have any questions, please Email coach Steph at Stephanieyosh@burbankusd.org

Address:

Burbank High – Main Gym
902 N. Third Street
Burbank CA 91505

***Make checks payable to Burbank High Girls Volleyball. If you'd rather pay by cash, that's accepted as well.**

GIRLS VOLLEYBALL

Camp Selection

Level (circle one): Beginner / Advanced

Player's Name: _____

Tee Size: S / M / L

Waiver and Release Agreement for BHS Girls Volleyball Spring Break Youth Camp

Player Information:

Full Name of Player: _____ Date of Birth: _____

Parent/Guardian Full Name: _____

Emergency Contact: _____ Emergency Contact Number: _____

Medical Ins: _____ Policy Number (required): _____

In consideration for allowing my child to participate in the Blue Crew Youth Volleyball Camp (the "Camp"), I, the undersigned, hereby agree to the following:

- Assumption of Risk:** I understand that participation in the Camp involves physical activity, and as such, there are inherent risks associated with such activities, including but not limited to injury or accidents. I assume all risks associated with my child's participation in the Camp, including, but not limited to, injuries that may occur as a result of playing volleyball, warm-ups, drills, scrimmages, or tournament play.
- Medical Authorization:** I hereby give my permission for Camp staff to seek medical treatment for my child in the event of an emergency or injury. I understand that the Camp staff will make reasonable efforts to contact me or the emergency contact listed above. I agree to bear all costs and expenses related to any medical treatment or emergency services my child may require.
- Release of Liability:** I, on behalf of myself, my child, my heirs, executors, administrators, and assigns, hereby fully and unconditionally release, indemnify, and hold harmless the Camp organizers, directors, coaches, staff, volunteers, sponsors, and any associated parties (the "Releasees") from any and all claims, damages, liabilities, and expenses (including legal fees) arising out of or in any way related to my child's participation in the Camp. This includes claims arising from negligence, the condition of the facilities, or any accidents or injuries that may occur during the course of the Camp.
- Media Release:** I grant permission to the Camp organizers to use photographs, video footage, or other media in which my child may appear for promotional or educational purposes, including in brochures, websites, social media, or other marketing materials. I understand that my child's name will not be used without additional consent.
- Parent/Guardian Responsibility:** I affirm that I am the legal parent or guardian of the child named above, and I have the legal authority to enter into this agreement. I agree to provide accurate medical information for my child and inform the Camp staff of any special needs or conditions that may affect my child's participation.
- Severability:** If any part of this agreement is found to be invalid or unenforceable, the remainder of the agreement will remain in full force and effect.

Acknowledgment:

By signing this agreement, I acknowledge that I have read and understood the contents of this Waiver and Release Agreement. I understand the risks involved in my child's participation in the Camp and voluntarily agree to assume those risks. I also acknowledge that I have had the opportunity to ask any questions and seek clarification regarding this document.

Parent/Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____

Relationship to Participant: _____