

## **Summer Conditioning and Volleyball Camp 2024**

Who: This camp is run by Hannah Griffin, coach and club director for Hurricane Volleyball Club, and various Hurricane Volleyball Club coaches/alum.

What: This camp is an opportunity to grow and improve your volleyball skills, work with a variety of athletes at different development levels, and stay active over the summer. This camp is for athletes who are **serious** about improving in the game of volleyball.

Why: This camp will get you in better shape to prepare for fall tryouts and keep in good condition over the summer (*running and working-out are included and expected*).

Where: 5834 Bur-Mill Club Rd, Greensboro, NC 27410 (when you pull into the park, you will see a grass court on the left before the golf area); you park next to the restrooms

When: This camp will be held Monday-Thursdays 8am-Noon on the following weeks: June 10-14, June 24-27, July 8-11, July 22-25

How: You will improve through conditioning, skill drills, plyometric (jump) training, scrimmaging, playing skill games.

This camp will occur outside and athletes will get a camp shirt! Water and volleyballs will be provided. Athletes are encouraged to bring the following:

- Sunscreen and Bug Spray
- Additional Water and/or Gatorades
- Towels (as a yoga mat and for drying!)
- Sunglasses or Hat
- Extra Socks
- Snacks

## Camp Costs:

\$100 per week OR \$350 for all four weeks of camp (discount only if registered and paid **up-front**). Register and pay by May 24th, so that shirts can be ordered. Late registrations are accepted, but campers will not receive a camp shirt.

Payment by cash or check made out to Hannah Griffin for Volleyball Camp sent with registration form to Hurricane Volleyball Club 5708 Country Lane Greensboro NC 27410 Email us at admin@canesvbc.com\*

Additionally, Venmo can be accepted @Hannah-Griffin-65

Summer 2024 Conditioning & Voll (Please Print Clearly)	eyball Camp Reg	istration Form		
•	Age & DOB			
Prior experience:				
		Unisex T	-Shirt Size:	
Parent Email (s)		Phone:		
Please circle camp week (s) atten	ding:			
June 10-14 June	24-27	July 8-11	July 22-25	
1st Parent/Guardian:	Cell Phone:			
Place of Work:		Work Phone	e:	
2nd Parent/Guardian:		Cell Phone:		
Place of Work:				
Emergency Contact:		Relationshin:		
	Relationship:Cell Phone:			
Child resides with: 1st Parent				
Name and phone number(s) of pe	rson(s) allowed to	o pick up your athle	ete:	
1		Phone:		
2		Phone:		
3		Phone:		
4		Phone:		
5		Phone:		
Any special instructions, such as of application and discussed Please list any other information y	•	· ·		
Completed by Camp Personnel O Received:	nly Payment Rec			

Please print all information clearly	
Name of Athlete:	Today's Date
No refund will be made of fees if the child has attend registered. Half a refund can be made if the athlete gear costs, location costs, and camp coach payment Parent/Guardian's Signature: I understand and acceparent/Guardian's Signature:	withdraws early. This refund policy is due to at.  ept these guidelines
I give permission for my child to be photographed. F posted on Facebook and Instagram.  Parent/Guardian's Signature:	
I give permission for camp coaches to transport my medical care in case of emergencies.  Parent/Guardian's Signature:	
Parent Authorization Form Please print all information clearly Date of last physical Allergies: (Please put N/A if your child does not have Food	e an allergy)
Medication	
Insect	
Other	
Does your child require an Epi-pen? an Epi-pen to be kept with the athlete at all times. Specific Activities to be restricted for health reasons includes running, jumping, etc., and if your student/a of exercise, this camp may not be a good option for	s (please keep in mind that this camp athlete is unable to participate in these forms