



## Summer Conditioning & Volleyball Camp 2026

**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 8-11, June 15-18, June 29-July 2, July 6-July 9, July 20-23

**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 tank/shirt! Volleyballs will be provided. Athletes should 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:

\$150 per week OR \$600 for all four weeks of camp (discount only if registered and paid **up front**). We will offer a sibling discount for multiples coming on the same week. Register and pay by May 24th, so that shirts can be ordered.

Late registrations are accepted, but are not guaranteed a camp tank/shirt.

Payment by cash or check made out to Hurricane Volleyball Club for Volleyball Camp sent with registration form to

Hurricane Volleyball Club  
5708 Country Lane Greensboro NC 27410

Email us at [admin@canesvbc.com](mailto:admin@canesvbc.com). Venmo can be accepted @Hannah-Griffin-65

Summer 2026 Conditioning & Volleyball Camp Registration Form  
(Please Print Clearly)

Athlete Name \_\_\_\_\_ Age & DOB \_\_\_\_\_

Prior experience: \_\_\_\_\_

\_\_\_\_\_ Unisex T-Shirt Size: \_\_\_\_\_

Parent Email (s) \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle camp week (s) attending:

June 8-11      June 15-18      June 29-July 2      July 6 -July 10      July 20-23

1st Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2nd Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child resides with: 1st Parent \_\_\_\_\_ 2nd Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Both \_\_\_\_\_

Name and phone number(s) of person(s) allowed to pick up your athlete:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

5. \_\_\_\_\_ Phone: \_\_\_\_\_

Any special instructions, such as custody or restraining orders must be attached to this application and discussed

Please list any other information you'd like to include about your athlete:

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Completed by Camp Personnel Only Payment Received: \$ \_\_\_\_\_ Type: \_\_\_\_\_ Date Received: \_\_\_\_\_

Please print all information clearly

Name of Athlete: \_\_\_\_\_ Today's Date \_\_\_\_\_

No refund will be made of fees if the child has attended any portion of the camp period registered. Half a refund can be made if the athlete withdraws prior to June. This refund policy is due to gear costs, location costs, and camp coach payment.

Parent/Guardian's Signature: I understand and accept these guidelines

Parent/Guardian's Signature: \_\_\_\_\_

I give permission for my child to be photographed. Photos will be shared to athlete parents and posted on Facebook and Instagram.

Parent/Guardian's Signature: \_\_\_\_\_

I give permission for camp coaches to transport my child off camp property for the purpose of 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 an allergy)

Food

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Insect

\_\_\_\_\_  
Other

\_\_\_\_\_  
Does your child require an Epi-pen? \_\_\_\_\_ If yes, you must provide the camp with an Epi-pen to be kept with the athlete at all times.

Specific Activities to be restricted for health reasons (please keep in mind that this camp includes running, jumping, etc., and if your student/athlete is unable to participate in these forms of exercise, this camp may not be a good option for him or her):