

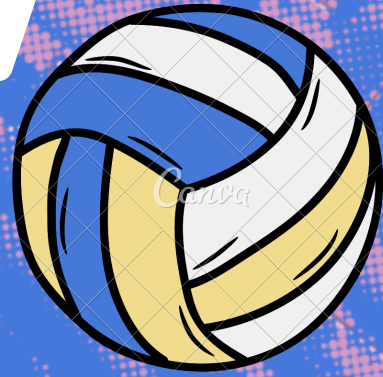


CITY OF LOS ANGELES DEPARTMENT OF RECREATION & PARKS

BALBOA SPORTS CENTER



REGISTRATION Nov.18th-December 6th



JOIN OUR WINTER VOLLEYBALL CAMP

BEGINS DECEMBER 17-20TH
4 DAYS ONLY

IMPROVE YOUR SKILLS AND HAVE FUN ON YOUR WINTER
BREAK

WHAT TO EXPECT:

- 4 days of training
- Team building exercises
- Strategy sessions
- Fitness & conditioning drills
- Recreational scrimmages

Please bring a sack lunch
Snacks will be provided



8-15 YEARS OLD

Registration Fee

\$135

SCAN ME!



REGISTRATION



CAMP LOCATION

17015 BURBANK BLVD. ENCINO, CA 91316



@balboasportscomplex



(818) 756-9642

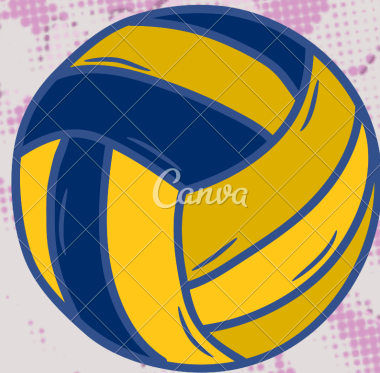


balboa.sportscenter@lacity.org

CHECKLIST OF WHAT TO BRING

Below is a suggested list of clothes, equipment, and personal items. Balboa Sports Center is NOT responsible for lost or stolen articles or money.

- Athletic, on-court clothing (t-shirts, shorts, shoes)
- Outdoor athletic shoes
- Knee pads
- Water bottle
- Small gym bag/backpack
- Packed lunch and snacks



RUNDOWN OF THE PROGRAM

- Session : DECEMBER 17-20TH 2024
- Daily Hours: Tuesday-Friday 9am-1pm
- Check-in: 8:30AM-9AM
- Snack break: 11am-11:30am
- Program: This program is designed to improve the fundamental skills needed for volleyball; passing, setting, serving, attacking, blocking, and individual defense. Campers can expect instruction on offensive and defensive skills through team play.

WHATS INCLUDED IN THE FEE

- Instruction: Daily training sessions
- Snack/Lunch: Lunch is not available for campers attending Winter Camp. Campers are welcome to bring their lunch/snack.
- Supervision: Campers are supervised by staff during camp hours.
- Volleyballs: Volleyballs are provided for instruction during camp.

THE WAY IT WORKS

- Ratio: 1:10 staff-to-camper ratio
- Groupings: Campers are grouped by age, ability, and experience.
- Equipment Needed: Players should supply their own kneepads and have at least one pair of well-broken-in volleyball (court) shoes. Campers do not need to bring their own ball.
- Facility: Indoor courts

WINTER VOLLEYBALL CAMP

CAMPER INFORMATION

Participant Name: _____

Division: _____

Current Grade: _____

School: _____

DOB: _____

AGE: _____

Child's Gender:
Male/Female/Other
Please circle

Address _____ City _____ State _____ Zip Code _____

Parent or Guardian Name: _____ E-mail Address: _____

Best Contact Phone: _____ Home / Work Phone: _____ Ext.: _____

Parent or Guardian Name: _____ E-mail Address: _____

Best Contact Phone: _____ Home / Work Phone: _____ Ext.: _____

The following individuals are NOT AUTHORIZED to pick up and sign out the above children. Please Note: If named person is a biological parent, written documentation by the court is required.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

The following individuals have my unrestricted permission to pick up and sign out the above children without any further confirmation from me. Photo identification will be required upon picking up the participant.

Name: _____ Phone: _____ Relation _____

Name: _____ Phone: _____ Relation _____

MEDICAL INFORMATION:

Insurance Provider _____ Policy # _____

Physician _____ Phone # _____ Dentist _____ Phone# _____

Is child on medication? _____

If so, what Kind: _____ Amount _____ Frequency _____

Reason for limitations of physical activities, if any _____

Allergies or food sensitivities, if any: _____

List any major illness or medical conditions or behaviors that we should be aware of in case of a major emergency

AUTHORIZATION TO PARTICIPATE

My child, a minor, has my permission to participate in all Winter Volleyball Camp activities therein. I _____ understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks CARRIES NO INSURANCE.

PARENT INITIALS _____

CONSENT TO TREATMENT OF A MINOR

I, as the parent/legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment/hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician/ surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

PARENT INITIALS _____

GENERAL POLICIES

1) **Campers must meet age requirements by the start of camp and may be required to show proof of age.** 2) Refunds may be issued for long-term illnesses only, provided that we receive a signed note from a licensed physician within the same week the child was absent. A 15% processing fee will apply to all refunds in addition to all other non-refundable fees. Allow 6 to 8 weeks for processing of refunds. No full refunds will be given unless the activity is cancelled by the center. 3) **All camp deposits are non-refundable and non-transferrable, NO EXCEPTIONS.** 4) **Tuition, must be paid in full, no later than said due date,** or you may lose your space in the program and your deposit. If payment has not been paid by said due date, a late fee of \$10.00 will apply. 5) Only the parents and authorized individuals listed on this application will be allowed to sign-out the child. When picking up the child ALL authorized individuals will be required to present a picture I.D. at anytime a staff member requests it, NO EXCEPTIONS. **Written permission must be provided by the parent/guardian if you wish your child to be released to anyone other than those authorized on the registration form.** 6) Campers are responsible for providing and applying their own sun block as necessary. Staff WILL NOT be held responsible for providing, applying, or having to remind campers to apply sun block. 7) For the safety and happiness of the children and staff, parents are not permitted to linger in or around the program for extended periods of time. 8) Parents are not permitted to drop-off, pick-up, or accompany the children on any camp field trips. 9) Staff reserves the right to change or alter programming at any time without notice. 10) The facility, the staff, and the City of Los Angeles Department of Recreation and Parks are not responsible for broken, lost, or stolen items/ articles. Cell phones, electronics, personal toys, games and other items are NOT permitted at camp. 11) **Camp Hours are from 9:00am-2:00pm.** 12) All activities, will occur at Balboa Sports Complex.

PARENT INITIALS _____

Refunds and Cancellations

Due to scheduling of staff, supplies and equipment needed and the inability to replace your child's space on the days they are absent, there will be NO REFUNDS, MAKE-UPS, OR TRANSFERS of money,

Refunds will be processed ONLY if you meet the pre-requisites listed below.

- Refunds must be requested Two Weeks in advance. NO FULL REFUNDS.

Deposits and Registration Fees are NOT REFUNDABLE.

Refunds will not granted if your child attends any portion of the camp week.

There are NO REFUNDS for campers dismissed from the program due to discipline/poor behavior issues.

A minimum 15% processing fee will apply to qualifying refunds. Some Refunds may have more deductions depending upon the individual situation. Refunds take 6-8 weeks to be processed.

I acknowledge that I have read all of the policies as listed on this application. By my child's participation I agree to follow and abide by these rules and understand that transgression of any policy is cause for immediate expulsion from the program without refund.

Parent/Guardian (Print Name)

Parent/Guardian (Signature)

Date