

2026 San Ramon Valley Volleyball Camps

Staff will include San Ramon Valley coaches, college and high school varsity athletes

Skills Camp (Intermediate and Advanced Level)

Who: Int/Adv athletes seeking to learn and improve volleyball skills.

What: Instruction in fundamental volleyball skills: forearm passing, overhead passing, setting, serving & hitting. Fun and competition applying skills. Athletes will be grouped by age & skill level.

When: July 27th – July 30th 6:00-8:00 PM

Where: San Ramon Valley High School gymnasium

Cost: \$200 (checks payable to SRVHS Girls Volleyball)

Advanced Skills and 6v6 games

Who: Int/Adv Athletes seeking competitive play and 6 v 6 games and drills.

What: Intermediate & advanced techniques, drills and competitive play.

When: August 3th – August 6th – 3:00-5:30 PM

Where: San Ramon Valley High School gymnasium

Cost: \$200 (checks payable to SRVHS Girls Volleyball)

- ✓ Mail registration form and “Camp Waiver” form with payment to: SRVHS Women’s Volleyball, 501 Danville Blvd. Danville, CA 94526
- ✓ Walk-ins accepted if space is available. Bring completed registration form, Extra Curricular activities form and \$200 (checks payable to SRVHS Girls Volleyball) to first day of camp. (Desired T-shirt size may not be available)
- ✓ Questions? Email bfujinaga@srvusd.net
- ✓ This camp serves as a fundraiser for the Women’s Volleyball program at SRVHS. The funds will be used for the general operating expenses of the program.
- ✓ Summer camp shall not be a prerequisite or result in preferential treatment when participating in a district athletic program.
- ✓ Summer Camps are open to everyone.

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Registration Form

(Fill out and send one form if you're coming to both camps)

Camp (circle camp): Skills (July 27-30) Advanced Skills and 6s (August 3-6)

Participant Name: _____ Address: _____

Parent Phone # : _____ Emergency Phone # : _____

Email address to confirm registration: _____

Age: _____ School: _____ T-shirt Size: (XS to XXL) _____

Incoming grade in school (fall of 2026): _____

List any medical considerations: _____

Insurance Carrier: _____ Policy #: _____

Please email: bfujinaga@srvusd.net and let us know you're mailing in your camp form! (We have limited access to our school mailbox during the summer).



San Ramon Valley Unified School District

EXTRA CURRICULAR ACTIVITIES

VOLUNTARY PARTICIPATION FORM

and

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize myself/my son/daughter, _____ to
participate in the district sponsored activities of _____.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the San Ramon Valley Unified School District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by myself, my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of released parties to the fullest extent allowed by law.

The undersigned agrees to defend, indemnify and hold harmless the San Ramon Valley Unified School District, its Board of Trustees, officers, agents and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, regardless of and however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the undersigned's (use/occupancy of District's facilities, furniture or equipment, or nature of activity).

I acknowledge that the above named participant is in good health, and fully able to participate in the activities, including activities which are strenuous in nature.

I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and as a participant and that I understand and agree to its terms.

Parent/Guardian

Date

Student Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file before a participant will be allowed to participate in the above extra-curricular activities.