

# 2016 Texas Elite Middle School Team Camp

Applicants: Upcoming 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders  
Dates: Monday, August 1 through Thursday, August 3  
Times & Location: 6:30-8:30 PM at Memorial High School (Gym 2)  
Cost: \$120.00 per camper  
Registration: Make checks payable to **TEVA** and include camper's name on the check.  
Send check and registration form below to:

**Elite Volleyball of Texas**  
**1916 Maux Drive**  
**Houston, Texas 77043**

What to wear: Court type shoes, knee pads, appropriate workout gear, drink and towel  
Questions: Please contact Becky Palermo at [palermob@comcast.net](mailto:palermob@comcast.net) or (713)203-6520

------(Cut here and return bottom portion with payment and retain top portion for your records)-----

## 2016 Texas Elite Middle School Camp - Registration & Waiver Form

I, \_\_\_\_\_ the undersigned, being the parent, or legally authorized guardian of \_\_\_\_\_ agree to hold the coaches of the 2016 Texas Elite Volleyball Camp harmless from all liability for any injuries/illness which my child may receive while participating in the 2016 Texas Elite Camp. I understand that the 2016 Texas Elite Camp is not sponsored by Spring Branch Independent School District, but is considered a rental and as such, is in compliance with all board and district athletic policies related to such usage. I herewith authorize the director, supervisor, and/or district employee to secure medical services for any family member if necessary and I agree to pay, either directly or through my own personal health and accident insurance policy, all medical hospital expenses.

Signature of parent or legal guardian: \_\_\_\_\_

Camper's name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Grade entering in 2016: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact if parents cannot be reached: \_\_\_\_\_

Emergency Contact Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

