

TEXAS ELITE VOLLEYBALL CLUB
is excited to announce
THE PETITE ELITE

12 and under Volleyball Camp
AT MEMORIAL HIGH SCHOOL

"It's a funny thing about life; if you refuse to accept anything but the BEST, you very often get it."

— W. Sommerset Morgan

Get your reservation in NOW for the BEST Camp ever!

Date July 20-23 2015

Time: 9:00 am-11:00am

Incoming 4th, 5th, and 6th Graders

72 Spots Open Only \$125.00

What You get:

1. Quality coaches with high level of expertise with the director present & overseeing all Drills

These programs will be posted on our website: www.txelite.org

You may fill out registration on the back of this form or you may access the form on our website:

www.txelite.org

(Check or money order made out to: **TEVA**)

Due with registration form MAILED TO:

TEXAS ELITE "PETITES"

C/o Cece Thompson

1719 Kipling

Houston, TX 77098

Bad checks will entail a \$25.00 charge.

REGISTRATION FORM

PLAYER'S NAME: _____

HOME PHONE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

E-MAIL: _____

T-SHIRT SIZE: YS __ YM __ YL __ AS __ AM __ AL __

PLAYER'S BIRTHDATE _____

SCHOOL: _____

FATHER'S NAME: _____

CELL PHONE: _____

MOTHER'S NAME: _____

CELL PHONE: _____

CAMP MEDICAL WAIVER

I, the undersigned, being the parent, or legally authorized guardian of _____ agree to hold the coaches of the 2015 Texas Elite Volleyball Camp harmless from all liability for any injuries/illness which my child may receive while participating in the 2015 Texas Elite Camp. I understand that the 2015 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 costs.

Signature of parent or legal guardian: _____

EMERGENCY INFORMATION

FATHER'S PLACE OF EMPLOYMENT: _____

PHONE: _____

MOTHER'S PLACE OF EMPLOYMENT: _____

PHONE: _____

FAMILY PHYSICIAN: _____

PHONE: _____

INSURANCE POLICY: _____

PHONE: _____

(Company)

(Policy Number)

EMERGENCY CONTACT: _____

PHONE: _____

(Other than Parent)

Present School Attending _____

School Attending 2015-2016 _____