

Texas Elite Volleyball Middle School Camp

Girls entering 6th, 7th and 8th Grades in Fall of 2025

Clinicians: Becky Palermo - Debbie Jaehne - Beth Gammill

When:

Monday - July 28th
Tuesday - July 29th
Wednesday - July 30th

Time:

5:30 - 7:30pm

Cost: \$175

Where:

Memorial High Gym 2
935 Echo Lane
Houston, TX 77024

Registration:

Make check payable to TEVA with camper's name on memo line and mail with completed registration form to:

Elite Volleyball of Texas
1916 Maux Drive
Houston, TX 77043

Questions:

Contact Becky Palermo
via email or phone listed on bottom of form

You may bring your registration at the door, but PLEASE email us with your intent to attend prior to start date.

✂ Please cut and return bottom portion with payment - Retain top portion for your records ✂

Middle School Camp Registration & Waiver Form

This organization and its activity is not related to, nor sponsored by Spring Branch Independent School District

I, the undersigned, being the individual parent, or legally authorized guardian of _____, authorize my child to participate in Texas Elite Volleyball Activities and understand that participating in athletics of any kind comes with risks. I agree to hold Spring Branch ISD, its Board of Trustees, administration, and/or faculty, harmless from liability for any injuries or illness, which my child may be subject to while participating in any recreational activities or utilizing the Spring Branch ISD facilities. In the event of an emergency requiring medical attention, I authorize the Director, supervisor, and/or a district employee to use their judgment to secure medical services if necessary, which shall be at my own cost. I have provided my child's insurance information to the directors of Texas Elite as well as notified them of my child's physical ailments or limitations.

Signature of Parent / Guardian: _____ Date: _____

First & Last Name of Participant: _____

Player Birthdate: Month: _____ Date: _____ Year: _____

Player's Age: _____

School in 25-26: _____

Grade in 25-26: _____

Mailing Address: _____

City: _____ Zip: _____

Mom Name: _____

Dad Name: _____

Mom Cell: _____

Dad Cell: _____

Mom email: _____

Dad email: _____

Health Insurance Company: _____

Policy / Group #: _____

Emergency Contact if parents cannot be reached: _____

Emergency Contact Relation: _____

Phone Number: _____



palermob@comcast.net



713-203-6520



www.txelite.org