

# 2024 TEXAS ELITE VOLLEYBALL TRAINING REGISTRATION FORM

<b>Player's Name: (First &amp; Last)</b>			
<b>Player's Age:</b>		<b>Date of Birth:</b>	
<b>School Campus during 23-24 School Year:</b>		<b>Grade during 23-24 School Year:</b>	
<b>Parent's Names:</b>			
<b>Mom Cell Phone:</b>		<b>Dad Cell Phone:</b>	
<b>Home Phone:</b>		<b>Other Phone:</b>	
<b>Regularly checked Email Address:</b>			
<b>Alternate Email (If necessary):</b>			
<b>Physical Address:</b>			
<b>City:</b>		<b>Zip Code:</b>	

## Training Sessions begin Thursday, January 11, 2024

**Sessions will be on these Thursdays from 7:00-8:30 PM:**

- January 11, 18 and 25
- February 1, 8, 15, 22 and 29
- March 7 and 21

**Make out Check or Money Order (indicate player name on memo line)  
payable to TEVA (Texas Elite Volleyball Association) for the  
FULL Registration Fee for the Session of \$600.00 to:  
Texas Elite – Coach Becky Palermo  
1916 Maux Dr.  
Houston, Texas 77043**

**PLEASE MAKE SURE TO FILL OUT THIS RELEASE BELOW and SEND IN WITH PAYMENT.**

## 2024 Texas Elite Training Program- Waiver

*This organization and its activity is not related to, nor sponsored by the 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 Petite Elite as well as notified them of my child's physical ailments or limitations.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_