

2025 TEXAS ELITE TRAINING REGISTRATION FORM

Player's Name: (First & Last)			
Player's Age:		Date of Birth:	
School Campus during 24-25 School Year:		Grade during 24-25 School Year:	
Parent's Names:			
Mom Cell Phone:		Dad Cell Phone:	
Home Phone:		Emergency Phone:	
Regularly checked Email Address:			
Physical Home Address:			
City:		Zip Code:	

Training Sessions begin Thursday, January 16, 2025

Sessions will be on the following Thursdays from 7:00-8:30 PM:

- January 16, 23 and 30
- February 6, 13, 20 and 27
- March 6, 20 and 27

Make out Check or Money Order (indicate player name on memo line)
 payable to **TEVA** for the FULL Registration Fee for the Sessions of **\$625.00** to:
Texas Elite – Coach Becky Palermo
1916 Maux Dr.
 Houston, Texas 77043

2025 Texas Elite Training Program- Waiver

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

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

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.

PARENT/GUARDIAN SIGNATURE _____ DATE _____