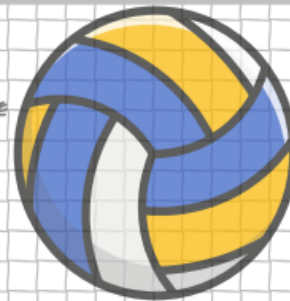


TEXAS ELITE



Spring 2026 Training Sessions

Girls in 7th – 11th Grades 2025–2026

THURSDAYS **JANUARY 15TH, 22ND, 29TH** **FEBRUARY 5TH, 12TH, 19TH, 26TH** **MARCH 5TH, 19TH, 26TH**

Memorial High School
Gym 2
935 Echo Lane
Houston, TX 77024

Time: 7 – 8:30pm

\$625 for ALL 10 Sessions
Check, Money Order or
Zelle to 713-203-6520

Contact Becky Palermo
at palermob@comcast.net
to register and for more
information

Indicate player name on memo line and make
payable to **TEVA** (Texas Elite Volleyball Association)
for the FULL Registration
Zelle to 713-203-6520

Mail Check or Money Order to:
Texas Elite – Coach Becky Palermo
1916 Maux Dr.
Houston, Texas 77043

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

Texas Elite Training Sessions Registration & Waiver Form

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 Texas Elite as well as notified them of my child's physical ailments or limitations.

Signature of Parent / Guardian: _____ **Date:** _____

Player's First and Last Name: _____

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: _____