

TEXAS ELITE VOLLEYBALL CLUB  
is excited to announce  
**THE PETITE ELITE**

**12 and under Volleyball Camp**  
**AT MEMORIAL MIDDLE 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 18-21**

**Time: 9:00am-11:00am**

**Incoming 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> GRADERS**

**72 Spots Open Only \$160.00**

**What You get:**

1. T-Shirt
2. 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](http://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](http://www.txelite.org)

(Check or money order made out to: **TEVA**)  
Due with registration form MAILED TO:

TEXAS ELITE "PETITES"  
C/o Beth Gammill  
12106 Wedgehill  
Houston, TX 77077

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 2011 Texas Elite Volleyball Camp harmless from all liability for any injuries/illness which my child may receive while participating in the 2011 Texas Elite Camp. I understand that the 2011 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: \_\_\_\_\_

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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 2011-2012 \_\_\_\_\_