TEXAS ELITE DRILLS AND SKILLS
VOLLEYBALL CAMP 3RD THROUGH 8TH GRADE

PLEASE PRINT ALL INFORMATION

PLAYER INFORMATION

T-SHIRT SIZE S M L XL XXL

LAST NAME_____ FIRST NAME_____

ADDRESS_____ CITY _____ ZIP_____

BIRTH DATE ____/____/____ GRADE 08/09_____ HEIGHT _____

SCHOOL_____ CLUB TEAM_____

PHONE (____)_____ E-MAIL_____

R/L HANDED _____ POSITION_____

PARENT OR GUARDIAN INFORMATION

NAME_____ HM PHONE (____)_____

E-MAIL _____ CELL PHONE (____)_____

ADDRESS_____ CITY_____ ZIP_____

INSURANCE CO._____ POLICY NO. _____

I CERTIFY MY CHILD, REGISTERED ON THIS FORM, IS IN GOOD HEALTH AND MAY PARTICIPATE IN ALL VOLLEYBALL TRAINING ACTIVITIES. I UNDERSTAND PARTICIPATION IS NOT WITHOUT SOME INHERENT RISK OR INJURY. AS SUCH, IN CONSIDERATION OF MY CHILD'S PARTICIPATION, I HEREBY WAIVE AND RELEASE TEXAS ELITE VOLLEYBALL ASSOCIATION STAFF AND FACILITY FROM ALL LIABILITY FOR INJURY OR ILLNESS INCURRED WHILE PARTICIPATION IN THE VOLLEYBALL CAMP. I ALSO GIVE MY CONSENT FOR ANY EMERGENCY MEDICAL CARE OR TREATMENT.

SIGNATURE (PARENT / GUARDIAN)_____ DATE_____

Again this activity is not related to or sponsored by the Cypress-Fairbanks Independent School District.

****** PLEASE ATTACH A COPY OF YOUR INSURANCE CARD *******

PAID _____ _____

CASH CHECK

Make checks payable to: TEVA ($150.00)

Return form & check to:

TEVA, 9215 S. Pass Lane, Houston, TX 77064