

Aug 2-5, 2010  
Grades 3-8, \$170

# TEVA 2010 REGISTRATION FORM

## GRADES 3-8 August 2 - 5 Camp

PLAYER INFORMATION PLEASE PRINT CLEARLY

Circle a T-shirt size: YM YL AS AM AL

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_ 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 STAFF AND FACILITY FROM ALL LIABILITY FOR INJURY OR ILLNESS INCURRED WHILE PARTICIPATING IN THE VOLLEYBALL CAMP. I ALSO GIVE MY CONSENT FOR ANY EMERGENCY MEDICAL CARE OR TREATMENT.

SIGNATURE (PARENT / GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

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

Cost: \$170.00

Mail checks payable to  
TEVA, 1916 Maux DR.  
HOUSTON, TX 77043