

9TH JULY 26-29, \$100

REGISTRATION FORM *9th Grade*

PLAYER INFORMATION PLEASE PRINT CLEARLY

CIRCLE T-SHIRT SIZE: *YS* *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 _____

Check No. _____ Received _____

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

txelite.org

Mail checks payable to "TEVA" :

TEVA- 1916 Maux Dr.

HOUSTON, TX 77043

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