

TEXAS ELITE VOLLEYBALL

SUMMER SKILL TRAINING AND COMPETITION REGISTRATION FORM

Sign up by checking the training session/s you want to attend. Each night has a total of 8 sessions and the cost is \$185.00. If you pay for each session separately, the cost will be \$30.00 per session.

If you sign up for two nights, your total DISCOUNT cost will be \$350.00.

_____ MONDAYS @ a CFISD school to be announced (June 2, 9, 16, 23, 30; July 7, 14, 21)

_____ WEDNESDAYS @ a CFISD school to be announced (June 4, 11, 18, 25; July 2, 9, 16, 23)

_____ TUESDAYS @ STRATFORD HIGH SCHOOL (June 3, 10, 17, 24; July 1, 8, 15, 22)

REGISTRATION FORM

PLAYER INFORMATION

PLEASE PRINT CLEARLY

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 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 *****

Mail checks payable to "TEVA":

TEVA
1916 Maux Dr.
Houston, TX 77043