

TEXAS ELITE VOLLEYBALL SUMMER SKILL TRAINING AND COMPETITION

This and any additional **CAMP** information is found on: www.txelite.org

Sign up by checking the training session/s you want to attend. Each night has a total of 6 sessions and the cost is \$190.00. If you pay for each session separately, the cost will be \$45.00 per session.

COST FOR BOTH MONDAYS AND WEDNESDAYS WILL BE A DISCOUNTED PRICE OF \$340.00

*******Times: 6:30-8:30 PM*******

_____ MONDAYS* @ Cy Falls High (June 14, 21, 28 and July 12, 19)
(July 12 @ Cy-Woods)

*The 6-session package for Mondays includes one Tuesday or Wednesday session of your choice.

_____ WEDNESDAYS @ Cy Falls High (June 16, 23, 30 and July 7, 21)
(July 14 @ Cy-Woods)

_____ TUESDAYS @ STRATFORD HIGH SCHOOL (June 15, 22, 29 and July 6, 13, 20)

REGISTRATION FORM

**PLAYER INFORMATION
CLEARLY**

PLEASE PRINT

LAST NAME _____ FIRST NAME _____
ADDRESS _____ CITY _____ ZIP _____
BIRTH DATE ____/____/____ GRADE 2010-11 _____ HEIGHT _____ POSITION _____
SCHOOL _____ CLUB TEAM _____
PHONE (____) _____ E-MAIL _____

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** *****

Make checks payable to : TEVA Return this form & check to: TEVA 1916 Maux Dr. Hou 77043

This activity is not related to or sponsored by the Cypress-Fairbanks Independent School District