

Volleyball Camp

TEVA Middle School

2010

Registration/Release Form

Participant's Name _____

Parent(s) Name _____

Address _____ Zip Code _____

Home Phone _____ Work Phone _____

Grade Level in Fall 2010 _____ Middle School Attended _____

E-MAIL ADDRESS: _____

I hereby authorize the directors of the Texas Elite Volleyball Camp to act for me in accordance with their judgment in an emergency requiring medical attention. I further waive and release Spring Branch ISD and Texas Elite from liability for any damages from injuries and/or illnesses sustained at the Texas Elite Middle School Volleyball Camp. I know of no mental or physical conditions which might affect my child's ability to safely participate in the camp. I have included a copy of my child's latest physical and have notified the camp instructors of any physical limitations my child has experienced of which they should be aware.

Parent/Guardian Signature

Date

In case of an emergency, please notify:

_____ Phone # _____