



All Skills Camp

2010 Registration Form

Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Date of Birth: ____/____/____ Age: _____ Grade in Fall: _____
Email: _____

Tee Shirt Size: Youth: XS, S, M, L Adult: XS, S, M, L, XL, XXL

Parent Name: _____
Phone: Cell (____) _____ Home (____) _____
Email: _____
School: _____

July 26-27-28 ____ Grades 5-8 6:00-8:00 pm Weimar

Waiver / Proof of Insurance

I, _____ hereby authorized the camp staff to act for me, according to their best judgment, in any emergency requiring medical attention and hereby waive and release Texstar Volleyball Inc. and Weimar Independent School District from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any medical problems or physical impairment that would affect _____ (print camper name) to safely participate in the camp program. I certify that the above named camper is covered by a medical insurance policy incase of illness or injury. I acknowledge that I have read and understand the waiver policies

Signature: _____
Relationship: _____
Date: _____

Insurance Company: _____
Policy Number: _____

** Once a team/camper has attended one day of camp, no refunds will be issued.

Camp Fee: \$75.00 check #: _____ cash: _____

Mail Registration and Check to:

TEXSTAR Volleyball Camp
118 E. Post Office St.
Weimar, TX 78962

Milton Koller 979-743-4979
www.texstarsports.com