



Beach Volleyball Tournament

July 4, 2010

Registration Form

Name: _____ Email: _____

Address: _____ City: _____ St: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Grade in Fall: _____

Partner: _____ Partner: _____

Parent Name: _____

Phone: Cell (____) _____ Home (____) _____

Email: _____

tee shirt size: _____

Waiver

I, _____ hereby authorized the tournament 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 the City of Weimar, from any and all liability and for any injuries or illnesses incurred during tournament participation. I have no knowledge of any medical problems or physical impairment that would affect _____ (print camper name) to safely participate in tournament play. I certify that the above named camper is covered by a medical insurance policy in case of illness or injury. I acknowledge that I have read and understand the waiver policies.

Signature: _____

Relationship: _____

Date: _____

Tournament Fee: \$15.00 per player 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