

**RICE – TEXSTAR**  
**Volleyball Camp**  
**JULY 21-22-23, 2008**

2008 Registration Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_  
Email: \_\_\_\_\_  
School: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_  
Phone: Cell(\_\_\_\_) \_\_\_\_\_ Home(\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

I am attending    \_\_\_\_    Rice ASC Camp 5-8<sup>th</sup> Grade    9:00 - 12:00  
                          \_\_\_\_    Rice ASC Camp 9-12<sup>th</sup> Grade    1:00 - 4:00

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**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 Rice 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: \_\_\_\_\_

\*\* \$20 Late Registration fee for all entries received after deadline date.  
\*\* Once a team/camper has attended one day of camp, no refunds will be issued.  
\*\* \$25.00 fee for all returned checks.

**Camp Fee: \$95.00** check #: \_\_\_\_\_ cash: \_\_\_\_\_

Mail Registration and Check to:

**TEXSTAR Volleyball Camp**  
**406 N. Exchange St.**  
**Weimar, Tx 78962**

**Milton Koller 979-743-4979**  
**[www.texstarsports.com](http://www.texstarsports.com)**