

Yoakum – TEXSTAR
Volleyball Camp
JUNE 16-17-18, 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 _____ Yoakum High School – Jr. High Camp 9:00 - 12:00

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 Yoakum 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.textstarsports.com