

TEXSTAR
Volleyball
DS / Libero Camp

2008 Registration Form

Name: _____ Email: _____
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: _____
Camp Date: **July 28-29-30** Time: **1:00 - 4:00** **Weimar High School Gym**

Registration Deadline July 21, 2008

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 in case 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