

TEXSTAR

2023 Hitting Camp

July 27 - 28

Weimar Gym 506 W. Main Weimar, TX 78962

Registration From

Name: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

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

School: _____

\$175__ 9:00 – Noon or \$175__ 1:30 – 4:30 \$300__ Both

Parent Name: _____ Cell: _____

Email: _____

Waiver

I, _____ hereby authorize the camp staff to act for me, according to their 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 attending camp. I have no knowledge of any medical problems or physical impairments 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: _____ Date: _____

Relationship: _____

Once a camper has attend one day of camp, no refunds will be issued.

Mail Registration and Payment to:

**TEXSTAR Volleyball
503 W. North Street
Weimar, TX 78962**

Milton Koller
979 966-4017