

TEXSTAR

Setter Camp

2023 Registration Form

Name: _____ Cell: _____

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

Email: _____ Grade in the Fall _____

Parent Name: _____ Cell: _____

Email: _____

July 20 - 21 5:30 -8:00 Weimar High Gym

Waiver / Proof of Insurance

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/team has attended one day of camp, no refunds will be issued.

Camp Fee: \$150.00

Mail Registration and Payment to:

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

979.966.4017