

**Texas Airborne with
VISIONARY VOLLEYBALL CAMP
REGISTRATION FORM**

PLAYER INFORMATION:

Player's Last Name: _____ **First:** _____ **MI:** _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Sex: M/F Grade (fall) _____ D.O.B. _____

Father's Last Name: _____ First: _____ Day Phone: _____
Mother's Last Name: _____ First: _____ Day Phone: _____
Cell Phone 1 _____ Cell Phone 2 _____

Email: _____

T-shirt Size: S/M/L/XL (circle one) Youth or Adult size

Please circle camps you are attending:

July 28—July 31 Skills Camp
(Houston — St. Pius X High School)

AGES: 10-13: 9am-12pm

AGES: 14-15: 5pm-8pm

AGES 16-18: 1pm-4pm

Please contact Josie Gough if you would like to play in an older age group.

RELEASE:

(Name of Organization)

I hereby give approval for the participation of my child in any and all games and other activities of the _____ and affiliated associations, and I assume all risks and hazards incident to such participation, including transportation to and from such games and other activities; and I waive and release, absolve, indemnify, and agree to hold harmless SVDP Church and the Club and affiliated associations, the organizers, supervisors, officers, and directors, participants, and persons or parents transporting participants to and from such games and other activities from any and all claims arising out of injury to my child. The date of birth shown above is accurate and I agree to produce a certified birth certificate upon request. Supplemental form required for non-SVDP school child/children.

Parent/Guardian Signature: _____ Date: _____
Insurance Carrier: _____ Plan Number _____
In case of emergency call: _____ Ph.# _____
(Relation): _____