

2017 RED OAK VOLLEYBALL CAMP

Beginner Camp – 7th Grade in August of 2017



Date: June 5 – 8, 2017
7th grade in August of 2017

SCHEDULE:

8:30 am – 11:30 am

LOCATION:

Red Oak High School

Early Registration: \$65/player

After 05/23/17 - \$75.00/player

Includes Camp T-Shirt

Make checks payable to:
Mail check and registration
form to:

Red Oak Athletics/Volleyball
c/o Coach Porter
Red Oak High School
221 South St. Hwy 342
Red Oak, TX 75154

Cut off and return the bottom part with your check

REGISTRATION FORM

7th Grade in August of 2017

Player's Name: _____ Grade Sept. 2017 _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent Email: _____

T-Shirt Size: YM YL Adult: S M L XL Position: _____

ASSUMPTION OF RISK/RELEASE OF LIABILITY

I give my child permission to participate in the 2017 Red Oak Volleyball Camp. I (parent) _____, release and hold harmless, Red Oak ISD, and all employees and volunteers of this camp from and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while enrolled in this camp. I also understand that the camp provides no medical insurance policy and that I should make sure my child is covered in the event of injury. I also give permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required, and accept responsibility for any cost thereof.

Signature of parent or guardian

Date

Parent's Names: _____