

# 2017 RED OAK VOLLEYBALL CAMP

Intermediate Camp – 8<sup>th</sup> Grade in August of 2017



Date: June 5 – 8, 2017  
8<sup>th</sup> grade in August of 2017

## SCHEDULE:

12:30 am – 3:30 pm

## 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

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Cut off and return the bottom part with your check

### REGISTRATION FORM

8<sup>th</sup> Grade in August of 2017

Player's Name: \_\_\_\_\_ Grade Aug. 2017 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

T-Shirt Size (adult): 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

Print Parent's Names: \_\_\_\_\_