

Registration Form

Please write the session, date and time you will attend this summer.

Session _____ Date _____

Location _____ Time _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

School _____

Grade _____ T-shirt Size _____ Amount Enclosed _____

Please print this registration form and return it with the Camp Fee of \$80 to:

Ed Garza
1106 Doc Holliday Dr.
Anna, TX 75409

Waiver/Release

As parent/guardian of _____
and being of sound mind, I do declare as following: I hereby release High Intensity Volleyball Camp, their agents, employees, or instructors on behalf of myself or my child, from any, and all liability for any accident or injury that may be sustained while participating in the above-mentioned activity. I hereby release liability against any employee required to administer first aid or to obtain medical care from any licensed physician, hospital or medical clinic for the participant named herein when time is of the essence and/or when the parent/guardian cannot be reached. I do declare the following is true and correct.

Parent/Guardian Signature

Date

Coach Ed Garza
hivolleyball@yahoo.com
(972) 849-3597