*2017 INDIAN VOLLEYBALL CAMP*

Monday, June 5th – Wednesday, June 7th

***Time:*** 8:30-11:30

**Where:** Santa Fe High School Gym

***Cost:*** $70 (Pay in full or pay $35 now and the balance

on the first day of camp)

***Who Can Attend:*** Incoming 6th, 7th, 8th, 9th graders

***Registration Deadline:*** May 20th

Each participant will receive a camp T-Shirt

The focus of the camp will be:

***Fundamental Skills, Defense, and Team Play***

PLEASE DETACH BOTTOM PORTION AND RETURN WITH PAYMENT

**2017 INDIAN VOLLEYBALL CAMP**

**SANTA FE HIGH SCHOOL, JUNE 5TH – 7TH 8:30-11:30**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE (NEXT FALL): \_\_\_\_ AGE: \_\_\_\_ SHIRT SIZE \_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAKE CHECKS PAYABLE TO: Jennifer Webb (PLEASE DO NOT SEND CASH)

3711 GLENMEADE DR

HOUSTON, TX 77059

Waiver of Claims: I, as a parent/guardian, hereby give permission for my child to participate in the Santa Fe Volleyball Camp and acknowledge the fact that she is physically able to participate in camp activities.

I hereby authorize the staff of Indian Volleyball Camp to act for me according to their best judgement in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my daughter. I hereby waive any claim I might have against the Indian Volleyball Camp and the institution providing the facility.

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Parent/Guardian Signature Date

\*Camp is limited to first 50 applicants.