

# 2010 RED OAK VOLLEYBALL CAMP 6TH GRADE & BELOW



Date: July 19 – 22, 2010  
6<sup>th</sup> grade and below in 2010

<b>SCHEDULE:</b>	<b>LOCATION:</b>
8:30 am – 10:30 am	Current Red Oak High School

*Early Registration: \$50/player*	Make checks payable to:	Red Oak Athletics/Volleyball
After 07/06/10 - \$60.00/player	Mail check and registration form to:	Red Oak High School P.O. Box 9000 Red Oak, TX 75154
Includes Camp T-Shirt		

----- Cut off and return the bottom part with your check -----

**REGISTRATION FORM**  
6<sup>th</sup> grade and below

Player's Name: \_\_\_\_\_ Grade Sept. 2010 \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent Email: \_\_\_\_\_  
 T-Shirt Size (adult): **S M L X** Position: \_\_\_\_\_

**ASSUMPTION OF RISK/RELEASE OF LIABILITY**

I give my child permission to participate in the 2010 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: \_\_\_\_\_