

# 2010 RED OAK VOLLEYBALL CAMP

Beginner Camp – 7<sup>th</sup> Grade in August of 2010



Date: June 14 – 17, 2010  
7<sup>th</sup> grade in August of 2010

## SCHEDULE:

8:30 am – 11:30 am

## LOCATION:

Current Red Oak High School

\*Early Registration:  
\$60/player\*

Make checks payable to:

Red Oak Athletics/Volleyball

After 05/10/10 - \$70.00/player

Mail check and registration  
form to:

Red Oak High School  
P.O. Box 9000  
Red Oak, TX 75154

Includes Camp T-Shirt

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Cut off and return the bottom part with your check  
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### REGISTRATION FORM

7<sup>th</sup> Grade in August of 2010

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: \_\_\_\_\_