

2010 RED OAK VOLLEYBALL CAMP FRESHMAN CAMP



Date: July 19 – 22, 2010
Freshman Camp

SCHEDULE:	LOCATION:
11:00 am – 1:00 pm	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
Freshman Camp

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: _____