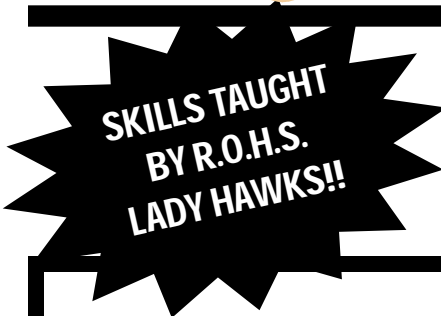




# 2010 RED OAK FUTURE LADY HAWK VOLLEYBALL CAMP 1ST GRADE—6TH GRADE



July 11th, July 18th and July 25th , 2010

2:00 p.m.—4:00 p.m.

Location: OLD Red Oak High School Gym

**\$20.00 per week or  
\$50.00 for all 3 weeks**

\*\*\*Camp T-shirt given with All Full  
3 Week Registrations Paid by July 2nd\*\*\*

Make checks payable to: **R.O. Lady Hawks  
Volleyball Booster  
Club**

Mail check and registration  
form to: **P.O. Box 1651  
Red Oak, TX 75154  
972-617-3698**

**What to bring to camp:** water bottle and appropriate volleyball attire (shorts, t-shirt, athletic shoes).  
*Sponsored by the Red Oak Lady Hawks Volleyball Booster Club*

For more information, please visit **[www.ladyhawksvb.com](http://www.ladyhawksvb.com)**

## REGISTRATION FORM

Player's Name: \_\_\_\_\_ Grade Sept.'10: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

SESSIONS ATTENDING: \_\_\_\_\_ July 11th \_\_\_\_\_ July 18th \_\_\_\_\_ July 25th

T-shirt Size (if paying for 3 sessions) Youth: YS YM YL Adult: S M L XL

### ASSUMPTION OF RISK/RELEASE OF LIABILITY

I give my child permission to participate in the 2010 Future Lady Hawk Volleyball Camp. I (parent) \_\_\_\_\_, release and hold harmless, Red Oak ISD, RO Lady Hawks Volleyball Booster Club, and all staff 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 my 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 costs thereof.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date