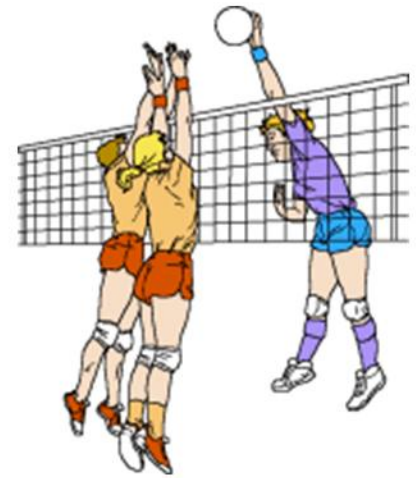


2010 RED OAK VOLLEYBALL TEAM CAMP



Date: July 26-30, 2010



SCHEDULE

2:00pm– 4:00pm VARSITY

4:30pm– 6:30pm JV/9TH GRADE

Location: NEW Red Oak High School Gym

Early Registration: \$110/player

After 07/12/10: \$125/player

Includes Camp T-shirt

Make checks payable to:

Sherry Bird

Mail check and registration form to:

**110 Hollie Dr.
Red Oak, TX 75154
972-617-3698**

REGISTRATION FORM

Player's Name: _____ Grade Sept.' 10: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Parent Email: _____
 T-shirt Size (Adult): S M L XL Position: _____

ASSUMPTION OF RISK/RELEASE OF LIABILITY

I give my child permission to participate in the 2010 Red Oak Volleyball Team 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 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

Parents' Names: _____