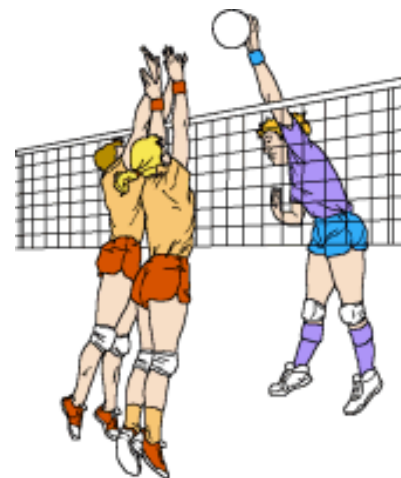


# 2011 RED OAK LADY HAWK VOLLEYBALL TEAM CAMP



**Date: July 25-29, 2011**



## SCHEDULE

**3:00pm– 5:00pm VARSITY**

**5:00pm– 7:00pm JV/9TH GRADE**

**Location: Red Oak High School Gym**

**\*Early Registration: \$110/player\***

**After 07/13/11: \$125/player**

**Includes Camp T-shirt**

Make checks payable to:

**Karen Anderson**

Mail check and registration form to:

**511 Rushy Creek Trail  
Red Oak, TX 75154  
972-345-4021**

## REGISTRATION FORM

**Player's Name:** \_\_\_\_\_ **Grade Sept. 11:** \_\_\_\_\_

**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 2011 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: \_\_\_\_\_