

2011 IMPACT VOLLEYBALL SUMMER CAMP REGISTRATION FORM

HOW TO REGISTER: Print a copy of the Camp Registration Form and mail it with your payment to:

EA Sports Group
P.O. Box 5092
San Antonio, TX 78201

[PLEASE MAKE YOUR CHECK PAYABLE TO: EA Sports Group]

CAMP LOCATION:

Lutheran High School of San Antonio
18104 Babcock Rd.
San Antonio, Texas 78255

CAMP REMINDERS:

Drinks are NOT PROVIDED: Only water will be allowed in the gym

EQUIPMENT & CLOTHING: Participants must wear athletic attire, Tennis Shoes, and Kneepads

CAMP CONTACT: Ernie Leija - ernie@impactvb.net 210-389-1468

PLEASE REMOVE & MAIL THE BOTTOM PORTION OF THIS FORM ALONG WITH YOUR PAYMENT

Please check the 2011 Camp session you will be attending:

____ “All Skills Camp” **14 & Under** – 6:30 to 8:30 PM (June 7th - 9th) \$100
[Recommended ages: Middle School and younger]

____ “Strength Training/Volleyball Camp” **High School Players** – 6:30 to 8:30 PM (July 18th - 20th) \$115

____ “Strength Training/Volleyball Camp” **Middle School Players** – 6:30 to 8:30 PM (July 25th - 27th) \$115

POSITION:

- Outside Hitter
- Setter
- Middle Hitter
- Libero/Defensive Specialist

T-SHIRT Size: _____ [Register by May 30th to guarantee your camp T-shirt]

NAME _____ AGE _____

ADDRESS _____

CITY _____ ZIP _____

SCHOOL _____ GRADE _____

E-MAIL _____

CONTACT NUMBER _____

PARENTAL WAIVER: Release of Liability Statement

I understand the game of volleyball is a physically demanding sport and that injuries can occur. I also understand that IMPACT Volleyball Club and the camp facility do not provide medical insurance to cover any injuries that my child may sustain during the camp. Furthermore, I understand that any medical expenses incurred by my child due to an injury while participating in the camp will be my sole responsibility. I understand and agree to the “Release of Liability Statement” and hereby release IMPACT Coaches, Staff, and Camp Facility from all liability during my child’s participation in the 2011 IMPACT Summer Camp session.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION.

Signature of Parent or Legal Guardian

Date