Katy Impact Volleyball Tune Up Camp Registration Form

We are offering a Tune Up camp for all incoming 7th and 8th graders. We will be doing a lot of scrimmaging as well as game-like drills to get your player ready for tryouts. **Sign up soon, spaces are limited!!!**

**Dates**: July 20th- July 22nd **Time**: 1pm-3pm **Place**: Cinco Ranch High School Competition Gym

**Cost**: $75 per camper **All payments and forms need to be submitted by JULY 16th and is non-refundable.**

PLAYER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T SHIRT SIZE: SMALL MEDIUM LARGE X LARGE

SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any questions, please contact Tammy Laurence at 281-798-4304.

Payment needs to be made out to Katy Impact Volleyball Club and sent to the following address below:

Katy Impact Volleyball

C/O Tammy Laurence

20226 Laverton Dr.

Katy TX 77450

 **CAMP MEDICAL WAIVER**

**I, the undersigned, being the parent, or legally authorized guardian of agree to hold the coaches of the Katy Impact Tune Up Camp harmless from all liability for any injuries/illness which my child may receive while participating in the 2010 Katy Impact Tune Up Camp. I understand that the 2010 Katy Impact Camp is not sponsored by Katy Independent School District, but is considered a rental and as such, is in compliance with all board and district athletic policies related to such usage. I herewith authorize the director, and/or supervisor, to secure medical services for any family member if necessary and I agree to pay, either directly or through my own personal health and accident insurance policy, all medical hospital costs.**

**Signature of parent or legal guardian:**

**EMERGENCY INFORMATION**

**FATHER’S PLACE OF EMPLOYMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S PLACE OF EMPLOYMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY PHYSICIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSURANCE POLICY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Company) (Policy Number)**

**EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Other than Parent)**

**Present School Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Attending 2010‐2011\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**