

2008 Texas Volleyball Academy Jump Start Program

PLEASE COMPLETE THE FOLLOWING REGISTRATION INFORMATION

Ages: 4th, 5th, and 6th graders
Location: Houston Junior Training Center

Mail complete registration to:
The Texas Volleyball Academy JSP
11522 Sagewillow Lane
Houston, TX 77089
281-481-6607

Date: June 17-19
9:00AM - 11:00AM

Registration DEADLINE: June 10, 2008
**For information: houstonjuniors.com*

Name: _____ Age: _____ D.O.B.: _____

Address: _____ City/ST: _____ Zip: _____

Phone(H) _____ Phone(C) _____

Emergency Name/Phone: _____

Email:(please print clearly) _____

School: _____ Grade(Fall 08) _____

Club Teams played for (include rank): _____

School Team (include A or B team): _____

How did you hear about the Jump Start Program? _____

I am enclosing the total cost of \$75.00 to secure my spot **(\$75.00 is non refundable)**
 Make checks payable to: **The Texas Volleyball Academy**
 A current physical must accompany this registration. The TVA does not provide a form.

ASSUMPTION OF RISK/RELEASE FROM LIABILITY

I, the undersigned, as the parent or legal guardian of a minor child _____, hereby acknowledge that the afore named child is covered by medical insurance as follows: Insured: _____
 Company: _____ Policy Number: _____ It is further understood that the Texas Volleyball Academy does not provide medical insurance covering injuries of any nature incurred at the 2008 Volleyball Academy. The undersigned releases the Texas Volleyball Academy, it's successors, assigns, officers, agents, and employees, from any and all claims, demands and causes of action whatsoever in anyway growing out of or resulting from participation of the aforementioned child in the 2008 Texas Volleyball Academy.

CONSENT FOR TREATMENT OF A MINOR

I, the undersigned, as the parent or legal guardian of a minor child, hereby authorize the staff if the Texas Volleyball Academy to act for me, according to their best judgment, in the case of any emergency requiring medical attention.

(Parent) Signed &

Dated: _____

A doctor's statement of physical ability must accompany this registration form.

A copy of your physical can be obtained from your school or doctor. The TVA will not provide the form.

For Office Use

Date Received: _____ Conf. Sent _____ Bal. Due _____

Deposit Check #: _____ Phys. _____ Ins. # _____