2008 Texas Volleyball Academy Registration

**location: Houston Junior Training Center 1310 W. Sam Houston Pky. N. Houston 77043*

PLEASE COMPLETE THE FOLLOWING REGISTRATION INFORMATION

Date: **July 21-25** ***Registration DEADLINE: May 31, 2008**
Time: **8AM-1PM** ***or until full**
Ages: **12 and up (prior experience not required)**
Location: **Houston Junior Training Center**
For more information (or Map Link): houstonjuniors.com

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

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

Parent / Guardian Name: _____

Address: _____ City/ST: _____ Zip: _____

Phone(H) _____ Phone(C) _____

Emergency Name/Phone: _____

E-mail: **(Please print clearly)** _____

School: _____ Grade(Fall 08) _____ H.S. Coach: _____

Position: #1 _____ #2 _____ HT: _____ WT: _____ Hand R/L: _____ Shirt Size: _____

Clubs/School Teams (rankings A/B/9th/JV/Var): _____
How did you hear about the Academy? _____

☐ I am enclosing full payment of $300.00* **Checks are payable to the Texas Volleyball Academy.**
*$100 NON REFUNDABLE deposit included in payment.

☐ I am enclosing a current pysical.**
** A copy may be obtained from your physician or school. The TVA will not provide the 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 aforenamed 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. 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 _____ Phys. _____ _____ _____

Ck: # _____ _____ Ins. # _____ _____ _____