

# THUNDER VOLLEYBALL TX



## INDIVIDUAL REGISTRATION FORM FOR SCHOOL CAMP 2011 'RALLY POINT' VOLLEYBALL CAMPS

[www.ttv.net](http://www.ttv.net)

phone: 281.359-TTVC(8882) or email:clubdirector@ttvc.net



TEAM AND INDIVIDUAL VOLLEYBALL SESSIONS  
ALL SESSIONS AT SPECIFIED SCHOOL GYMNASIUM  
MINIMUM 10 PARTICIPANTS @ \$100 EACH

SCHOOLS TO REGISTER BY MAIL AT ADDRESS BELOW, EMAIL OR PHONE IN FOR SPECIFIC TIMES  
CLINICS WILL FOCUS ON FUNDAMENTAL & COMPETITIVE LEVEL VOLLEYBALL SKILLS.

INDIVIDUAL ATHLETES TO REGISTER WITH SCHOOL COACH  
10:1 COACH : ATHLETE RATIO GUARANTEED

Director's Cell: 281-639-0239

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Contact #'s (1) \_\_\_\_\_ (2) \_\_\_\_\_

Email Address \_\_\_\_\_ No. Years Experience: \_\_\_\_\_

School Grade (Fall 2011) \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School \_\_\_\_\_ Middle School \_\_\_\_\_ Club Program \_\_\_\_\_

Circle All Positions Played: Setter Outside Hitter Right Side Hitter Middle Blocker Def. Specialist / Libero

Yes, I would like to be considered for a position on a Thunder Volleyball Club 2011-2012 team!

Please indicate which School Camp Session you will attend

### School Camp Sessions (Monday- Thursday)

- Elementary/Middle School  
 Varsity & Sub-Varsity

- |                                                     |                                                |
|-----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> June 6-9; 8:30am-12:30pm   | <input type="checkbox"/> June 6-9; 2-6:00pm    |
| <input type="checkbox"/> June 13-16; 8:30am-12:30pm | <input type="checkbox"/> June 13-16; 2-6:00pm  |
| <input type="checkbox"/> June 20-23; 8:30-12:30pm   | <input type="checkbox"/> June 20-23; 2-6:00pm  |
| <input type="checkbox"/> June 27-30; 8:30-12:30pm   | <input type="checkbox"/> June 27-30; 2-6:00pm  |
| <input type="checkbox"/> July 4-7; 8:30-12:30pm     | <input type="checkbox"/> July 4-7; 2-6:00pm    |
| <input type="checkbox"/> July 11-14; 8:30-12:30pm   | <input type="checkbox"/> July 11-14; 2-6:00pm  |
| <input type="checkbox"/> July 18-21; 8:30-12:30pm   | <input type="checkbox"/> July 18-21; 2-6:00pm  |
| <input type="checkbox"/> July 25-28; 8:30-12:30pm   | <input type="checkbox"/> July 25-28; 2-6:00pm  |
| <input type="checkbox"/> August 1-4; 8:30-12:30pm   | <input type="checkbox"/> August 1-4; 2-6:00pm  |
| <input type="checkbox"/> August 8-11; 8:30-12:30pm  | <input type="checkbox"/> August 8-11; 2-6:00pm |

### School Camp Sessions

Friday & Saturday

**8:30am-12:30pm; 1:00-5:00pm (both days)**

- |                                                      |
|------------------------------------------------------|
| <input type="checkbox"/> June 10 & 11                |
| <input type="checkbox"/> June 17 & 18                |
| <input type="checkbox"/> June 24 & 25                |
| <input checked="" type="checkbox"/> July 4th weekend |
| <input type="checkbox"/> July 8 & 9                  |
| <input type="checkbox"/> July 15 & 16                |
| <input type="checkbox"/> July 22 & 23                |
| <input type="checkbox"/> July 29 & 30                |
| <input type="checkbox"/> August 5 & 6                |
| <input type="checkbox"/> August 12 & 13              |

Please arrive 30 minutes prior to start of camp

### **COST:**

Camp Session Fee: \$ 100 per athlete \$ \_\_\_\_\_ (Additional fees for facility rental may be added per participant)

### **Medical Release / Waiver**

As parent/guardian of the above named athlete, I hereby agree to hold Thunder Volleyball staff and agents harmless in the event of injury or other harm occurring to the athlete during participation in all Camp related activities. I certify that my child has no medical problem or physical impairment that would affect him/her to safely participate in any camp related activities. I certify that the above named athlete is covered by medical insurance in the event of illness or injury, and in the event emergency medical treatment is necessary, I hereby authorize Thunder Volleyball staff or agent(s) to authorize emergency medical treatment as deemed necessary.

Medical Insurance Co. \_\_\_\_\_ Policy Number: \_\_\_\_\_

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Please return completed registration form and appropriate payment to your school coach prior to camp date  
c/o Thunder Volleyball Club -- 3615 Mulberry Hills Dr. -- Kingwood, TX 77339

281-359-TTVC(8882)

For TTVC Office Use Only:	Payment Amount	Rec'd Date	Check #	Money Order #	Cash Received