



# THUNDER VOLLEYTOTS

@ The Gym  
2325 Atascocita Rd., Humble, TX 77396  
281-540-4GYM(4496)  
[clubdirector@ttvc.net](mailto:clubdirector@ttvc.net)

Director: 281-359-8882 or 281-639-0239

## AGES 4-9 YEARS

FUNDAMENTAL & TEAM DRILLS & SKILLS

### November 2-December 14, 2011.

#### Wednesdays; 5:30-6:45pm (Ages 4-6); 6:15-7:30pm (Ages 7-9)

Instruction with Professional Coaches; Fundamentals Drills  
(Excludes November 23 prior to Thanksgiving)



### Thunder VolleyTots

@ 'The Gym' 2325 Atascocita Rd., Humble

#### \$80.00 per participant;

Includes *Thunder VolleyTots/ Project Volleyball T-Shi*



Maximums & Minimums Apply

### Registration Deadline: October 30, 2011 @ SDS (Sunday Drill Sessions)

Payable to Thunder Volleyball-Texas,  
2325 Atascocita Rd., Suite F203, Box 10, Humble, TX 77396



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

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

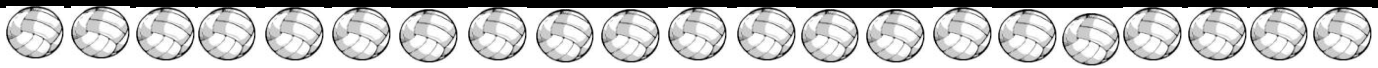
Parent's Name(s): \_\_\_\_\_ T-Shirt Size: Youth: S, M, L, XL ; Adult: S M L XL (circle)

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

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

School Grade (Fall 2011) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Club Program: \_\_\_\_\_

High School \_\_\_\_\_ Middle School \_\_\_\_\_ Elementary School \_\_\_\_\_



#### Medical Release / Waiver

As parent/guardian of the above named athlete, I hereby agree to hold Project Volleyball, Thunder Volleyball or 'The Gym' staff and agents harmless in the event of injury or other harm occurring to the athlete during participation in all Camp and/or drill session related activities. I certify that my child has no medical problem or physical impairment that would affect him/her to safely participate in any volleyball 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 Project Volleyball, Thunder Volleyball or 'The Gym' 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 (check or money order) to the following address:  
Thunder Volleyball Club, 2325 Atascocita Rd., Suite F203, Box 10, Humble, Tx 77396

For Office Use Only:	Payment Amount	Rec'd Date	Check #	Money Order #	Cash Received (Walk in)