



RALLY POINT VOLLEYBALL High School CAMP

@ The Gym
2325 Atascocita Rd., Humble, TX 77396
281-540-4GYM(4496)
clubdirector@ttvc.net
Director: 281-359-8882 or 281-639-0239

Grades 9, 10, 11 & 12

FUNDAMENTAL & TEAM DRILLS & SKILLS

July 13-16, 2009.

Monday till Thursday; 1:00-5:00pm

Instruction with Professional Coaches; Fundamentals & Srimmage Drills; Preparation for School Tryouts & Season



Rally Point Volleyball Camp

@ 'The Gym' 2325 Atascocita Rd., Humble

\$150.00 per participant;

Includes *Rally Point Camp* Volleyball T-Shirt



Registration Deadline: Postmarked by July 6

(Payable to Thunder Volleyball - TX, 3615 Mulberry Hills Dr., Kingwood, TX 77339)

Late Registration Fee \$25: Monday, July 13 @ 12:30pm



First Name _____ Last Name _____ Age _____

Street Address _____ City / State _____ Zip _____

Parent's Name(s): _____ T-Shirt Size: Youth: L Adult: S M L XL (circle)

Phone Contact #'s (1) _____ (2) _____

Email Address _____ No. Years Experience: _____

School Grade (Fall 2009) _____ Date of Birth _____ Club Program: _____

High School _____ Middle School _____ Elementary School _____

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



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 - TX, c/o 3615 Mulberry Hills Dr., Kingwood, TX 77339

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