



THUNDER VOLLEYBALL - TX



INDIVIDUAL REGISTRATION FORM FOR SCHOOL CAMP 2009 'RALLY POINT' VOLLEYBALL CAMPS



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
8:1 COACH : ATHLETE RATIO GUARANTEED

First Name _____ Last Name _____ Age _____

Street Address _____ City / State _____ Zip _____

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

Email Address _____ No. Years Experience: _____

School Grade (Fall 2009) _____ 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 - TX 2009-2010 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 8-11; 8:30am-12:30pm | <input type="checkbox"/> June 8-11; 2-6:00pm |
| <input type="checkbox"/> June 15-18; 8:30am-12:30pm | <input type="checkbox"/> June 15-18; 2-6:00pm |
| <input type="checkbox"/> June 22-25; 8:30-12:30pm | <input type="checkbox"/> June 22-25; 2-6:00pm |
| <input type="checkbox"/> June 29-July 2; 8:30-12:30pm | <input type="checkbox"/> June 29-July 2; 2-6:00pm |
| <input type="checkbox"/> July 6-9; 8:30-12:30pm | <input type="checkbox"/> July 6-9; 2-6:00pm |
| <input type="checkbox"/> July 13-16; 8:30-12:30pm | <input type="checkbox"/> July 13-16; 2-6:00pm |
| <input type="checkbox"/> July 20-23; 8:30-12:30pm | <input type="checkbox"/> July 20-23; 2-6:00pm |
| <input type="checkbox"/> July 27-30; 8:30-12:30pm | <input type="checkbox"/> July 27-30; 2-6:00pm |
| <input type="checkbox"/> August 3-6; 8:30-12:30pm | <input type="checkbox"/> August 3-6; 2-6:00pm |
| <input type="checkbox"/> August 10-13; 8:30-12:30pm | <input type="checkbox"/> August 10-13; 2-6:00pm |

School Camp Sessions Friday & Saturday

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

- June 12 & 13
- June 19 & 20
- June 26 & 27
- July 4th weekend
- July 10 & 11
- July 17 & 18
- July 24 & 25
- July 31 & August 1
- August 7 & 8
- August 14 & 15

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

Thunder Volleyball - TX -- 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