



RALLY POINT VOLLEYBALL

Positional MINI-Camps

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

Grades 6, 7 & 8; 9 thru 12

FUNDAMENTAL & TEAM DRILLS & SKILLS

July 15 & 16, 2010. Thursday & Friday



Rally Point Volleyball Positional Camps



@ 'The Gym' 2325 Atascocita Rd., Humble

\$50.00 per participant per clinic; \$175.00 per participant for all 4 Clinics

#1 CLINIC (7-15-10/ 8am-12:00pm): Setters/Defensive Specialists _____

#2 CLINIC (7-15-10/ 1:00-5:00pm): Hitters/Blockers & Serving _____

#3 CLINIC (7-16-10/ 8am-12:00pm): Setters & Hitters _____

#4 CLINIC (7-16-10/ 1:00-5:00pm): Serve Receive/ Serving _____

Registration Deadline: Postmarked by July 10, 2010

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

Late Registration Fee \$15/clinic: Monday, July 10 @ 5:30 pm



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 2010) _____ 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 Club, 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)