

# THUNDER VOLLEYBALL TX

## INDIVIDUAL REGISTRATION FORM FOR SCHOOL CAMP

### 2010 '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 DATES  
CLINICS WILL FOCUS ON FUNDAMENTAL & COMPETITIVE LEVEL VOLLEYBALL SKILLS.  
INDIVIDUAL ATHLETES TO REGISTER WITH SCHOOL COACH  
10:1 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 2010) \_\_\_\_\_ 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 2010-2011 team!

Please indicate which School Camp Session you will attend

<u>School Camp Sessions (Monday- Thursday)</u>	<u>School Camp Sessions</u> <u>Friday &amp; Saturday</u> <u>8:30am-12:30pm; 1:00-5:00pm (both days)</u>
<input type="checkbox"/> Elementary/Middle School <input type="checkbox"/> Varsity & Sub-Varsity	
<input type="checkbox"/> June 7-10; 8:30-12:30pm <input type="checkbox"/> June 14-17; 8:30am-12:30pm <input type="checkbox"/> June 21-24; 8:30-12:30pm <input type="checkbox"/> June 28-July 1; 8:30-12:30pm <input type="checkbox"/> July 5-8; 8:30-12:30pm <input type="checkbox"/> July 12-15; 8:30-12:30pm <input type="checkbox"/> July 19-22; 8:30-12:30pm <input type="checkbox"/> July 26-29; <b>Lake Charles</b> <input type="checkbox"/> August 2-5; 8:30-12:30pm <input type="checkbox"/> August 9-12; 8:30-12:30pm <input type="checkbox"/> August 16-19; 8:30-12:30pm	<input type="checkbox"/> June 7-10; 2-6:00pm <input type="checkbox"/> June 14-17; <b>Rally Pt HS</b> <input type="checkbox"/> June 21-24; 2-6:00pm <input type="checkbox"/> June 28-July 1; <b>Rally Pt PV</b> <input type="checkbox"/> July 5-8 2-6:00pm <input type="checkbox"/> July 12-15; 2-6:00pm <input type="checkbox"/> July 19-22; 2-6:00pm <input type="checkbox"/> July 26-29; <b>Winnie</b> <input type="checkbox"/> August 2-5; 2-6:00pm <input type="checkbox"/> August 9-12 2-6:00pm <input type="checkbox"/> August 16-19; <b>Rally Pt MS</b>
<input type="checkbox"/> June 11 & 12 <input type="checkbox"/> June 18 & 19 <input type="checkbox"/> June 25 & 26 <input checked="" type="checkbox"/> July 4th weekend <input type="checkbox"/> July 9 & 10 <input type="checkbox"/> July 15 & 16 <b>Rally Pt Positional Clinics</b> <input type="checkbox"/> July 23 & 24 <input type="checkbox"/> July 30 & 31 <input type="checkbox"/> August 6 & 7 <input type="checkbox"/> August 13 & 14 <input type="checkbox"/> August 20 & 21	

**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 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
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