

# PREMIER

## Jr. High – All Skills Camp Registration Form

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Grade in the Fall: \_\_\_\_\_

School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Waiver

I, \_\_\_\_\_ hereby authorize the camp staff to act for me, according to their judgment, in any emergency requiring medical attention and hereby waive and release Texstar Volleyball Inc. and St. Joseph High School of Victoria, Texas, from any and all liability for any injuries or illnesses incurred while attending camp. I have no knowledge of any medical problems or physical impairments that would affect \_\_\_\_\_ (print camper name) to safely participate in the camp program. I certify that the above named camper is covered by a medical insurance policy in case of illness or injury. I acknowledge that I have read and understand the waiver policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Once a camper has attended one day of camp, no refunds will be issued.**

**June 26, 27, 28**

**9:00-12:00 or 1:00-4:00 or 6:00-8:30**

Camp Fee: \$90.00 cash only paid first day of camp: \_\_\_\_\_

**TEXSTAR Volleyball  
503 W. North Street  
Weimar, TX 78962**

Milton Koller  
979 966-4017