

# 2017



# VOLLEYBALL CAMP

JULY 24TH - JULY 27TH  
MONDAY - THURSDAY  
5:00PM - 7:00PM

## Yellow Jacket Campers Need To Provide

- Shoes (tennis shoes)
- Athletic Shorts
- T Shirt
- Water Bottles (optional)
- Towel
- Good Attitude



### EMERGENCY INFORMATION

Campers Full Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Ph. #: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_ List All Medications: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Ins. Co.: \_\_\_\_\_ Address: \_\_\_\_\_

Ins. Co. Phone: \_\_\_\_\_ Group #: \_\_\_\_\_ Pol. #: \_\_\_\_\_

Parent's or Guardian Signature

Date

## Yellow Jacket Camp Registration

**Cost: \$50** \*\*CASH ONLY\*\*

- On Site Registration

**4:30 p.m. July 24, 2017**

- Pre-registration discount

**Cost : \$40** \*\*CASH ONLY\*\*

**If you pre-register and pay for  
Volleyball Camp before May 19<sup>th</sup>.**

Please check the Galena Park ISD District web site for information regarding on-line camp payments. Online payment option does not apply to pre-registration.

- **Camp Hours: 5:00 – 7:00p.m.**

### Location of Camp

- Galena Park High School  
Auxiliary Gym

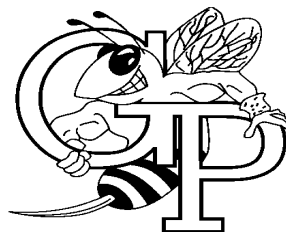
(Parkside Entrance)

- 1000 Keene St.,  
Galena Park, TX 77547

- For more information contact:

Mary Kellner (832) 771- 6802

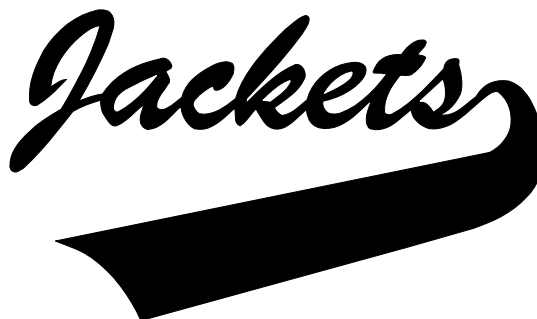
[mkellner@galenaparkisd.com](mailto:mkellner@galenaparkisd.com)



### Camp Features

- Fundamental Skills
- Individual Drills
- Team Drills
- Individual and Team Competition

Camp instruction will be directed by the Galena Park High School Coaching Staff. GPHS former players may also be on hand to assist with instruction.



I, the undersigned parent/legal guardian authorized said child's participation in the Galena Park High School Volleyball Camp. It is my understanding that participation in the activities that make up the GPHS camp is not without some inherent risk of injury. As such, in consideration of my child's participation in the GPHS volleyball camp, I hereby release, waive, discharge and covenant not to sue the camp, coaches, athletic department, the Galena Park Independent School District or any of it's representatives from any and all liability, claims, demands for possible injury that may be sustained and suffered by my child with their association with or entry into this camp.

If, in the judgment of any representative of the school, the above student, needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your child.

By signing below I also understand that the school insurance does not cover participation in activities that are held in the summer. Galena Park Independent School District and any of its representatives will not be responsible for the handling or payment of medical bills that arise from participation in the GPHS volleyball camp.

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Parent/Guardian Signature

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Date