

NORTH SHORE LADY MUSTANGS



2009 VOLLEYBALL CAMP

DESCRIPTION: This is a summer volleyball camp, conducted by school coaches and past players.

TWO SESSIONS: _____ 9:00-11:00am (grades 5-8) _____ 12:00-2:00pm (incoming 9th graders ONLY)
(please check one)

REGISTRATION: 1ST DAY OF CAMP WILL BEGIN AT 8:30AM OR 11:30AM

DATES: June 15- 19 **FEE:** \$50.00 **LOCATION:** North Shore Senior High

***EQUIPMENT:** Please bring kneepads if you have them available, if not will provide. Water bottle, towel, money
(for concession stand)

CASH OR MONEY ORDERS ONLY (PAYABLE TO DAWN GUTIERREZ)

NO PERSONAL CHECKS PLEASE



REGISTRATION: NAME: _____ **AGE:** _____ **BIRTHDATE:** _____

GRADE IN '09: _____ **LAST SCHOOL ATTENDED:** _____

PARENT/GUARDIAN NAME: _____ **PHONE #:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____ **EMERGENCY CONTACT PHONE#:** _____

SHIRT SIZE: S M L XL **AMOUNT PAID:** \$ _____
(ADULT)

MAIL FORM TO: Lady Mustang Volleyball Camp, NSSH, 353 N. Castlegory, Houston, TX 77049
Attn: Coach Dawn Gutierrez

LIABILITY, MEDICAL & INSURANCE WAIVER: This is to certify that I, parent/guardian of _____, a participant in the 2009 VOLLEYBALL CAMP, agree that the program administrators/coordinators and/or employees of Galena Park I.S.D. will not be held responsible for injuries and death that could occur while participating in this program, or being transported to or from the program session(s). I do, hereby, release and discharge the above mentioned individuals and school district thereof for all claims or damages, demands, actions, or whatsoever in any manner arising or growing out of my daughter's participation in the VOLLEYBALL CAMP. I give the right, however, for the VOLLEYBALL CAMP personnel to administer medical attention, utilizing medical facilities in the area if necessary, in case of injury. I carry insurance for the player aforementioned and do not hold the program responsible for insurance. I am aware that the VOLLEYBALL CAMP reserves the right to discontinue an athlete's program at any time for any reason.

PARTICIPANT: _____ **PARENT/GUARDIAN:** _____

If you have any additional questions or concerns, please contact Coach Gutierrez at 832-386-4166 OR 281-627-1835

dgutierrez@galenaparkisd.com