



# RALLY POINT VOLLEYBALL MIDDLE SCHOOL CAMP

@ Llano High School

Return forms to Coach Black at  
Llano High School

FUNDAMENTAL & TEAM DRILLS & SKILLS

## June 12-15.

### Monday till Thursday; 2:00-6:00 pm

Instruction with Professional Coaches; Fundamentals & Srimmage Drills; Preparation for School Tryouts.



## Rally Point Volleyball Camp

@ Llano High School, Llano, Texas

**\$100.00 per participant;**

Includes *Rally Point Camp* Volleyball T-Shirt



### Registration Deadline: Received by June 1st

( Payable to Thunder Volleyball - Texas)



First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ T-Shirt Size: Youth: S M L ; Adult: S M L XL (circle) \_\_\_\_\_

Phone Contact #'s (1) \_\_\_\_\_ (2) \_\_\_\_\_

Email Address \_\_\_\_\_ No. Years Experience: \_\_\_\_\_

School Grade (Fall 2017) \_\_\_\_\_ 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 Coach Black at Llano High School**

For Office Use Only:	Payment Amount	Rec'd Date	Check #	Money Order #	Cash Received (Walk in)