2011 Sunday Training Camp

Age Group: _____

Player's Name: _____
first Last

Date Of Birth: _____ Height:_____ Grade: _____

School:_____

Position (s) played:_____ Setter _____outside Hitter _____ Middle Hitter _____ Libero _____ None

Previous Club (if any): _____

Medical Conditions / Allergies: _____

Parents/Guardian Name: _____

Home Phone #: _____ Work #: _____

Mobile #: _____

Address:_____

City: _____ Zip Code: _____

E-mail: _____

Emergency Contact:_____ Phone #: _____

I hereby authorize the staff of Southwest Juniors Volleyball Club to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby waive and release Southwest Juniors and Lamar Consolidated ISD from any and all liability for any injury or illness incurred while at volleyball camp, clinic, tryouts or practice. I have no knowledge of any medical problem or physical impairment that would affect the above named player in safely taking part in any and all volleyball camp, clinic, tryouts or practice activities. I certify that the above named player is covered by a medical insurance policy in case of illness or injury.

Medical Insurance Company: _____ Policy #:_____

Signed (Parent or Guardian): _____ Date:_____

September: 11, 18, 25
October: 2, 9, 16, 23
November: 6

Please circle the dates you will be attending. Print this form and mail it us along with your payment

Amount _____

Check Number_____

Print registration form along with your payment and mail it to:
Southwest Juniors
3210 Bend Willow Lane
Katy, TX 77450