

# Americas HS Volleyball Camp

July 18 – July 20, 2016

**Kids Session: 8:30-10:30AM (\$35 cash only)**

**6<sup>th</sup> – 9<sup>th</sup> Grade: 1:00-4:00 PM (\$50 cash only)**

Contacts/Coaching Staff:

Coach Gomez: (915) 309-3872 [agomez14@sisd.net](mailto:agomez14@sisd.net)

Coach Reno: (915) 471-3380 [ironov02@sisd.net](mailto:ironov02@sisd.net)

Coach Testerman: (915) 261-8716 [jteste@sisd.net](mailto:jteste@sisd.net)

## Registration

<b>Student Name</b>	
<b>2016-2017 Grade Level</b>	
<b>Phone Number</b>	
<b>T-Shirt Size</b>	YS YM YL XS S M L

## Consent/Insurance Information



I hereby give my consent for my daughter \_\_\_\_\_ to participate in the following activities: volleyball drills, games, running activities, and other physical activities. I indemnify and release the Americas High School Summer Volleyball Camp, its offices, directors, agents and employees as well as SISD from any and all liability for personal injury arising out of the camper's participation in the camp program. If at any time, it is necessary for the camp to secure services of whatever physical or medical facility selected and to secure whatever transportation is deemed necessary. I know of no medical or physical problems, which affect my child's ability to safely participate in the camp.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

