



**Westside Volleyball Camp**

**Incoming 9-12<sup>th</sup> grade**

**Date: July 27th-31st**

<b>Age</b>	<b>Times</b>	<b>Cost</b> (Must be postmarked before July 1st)	<b>Late Registration</b> (Postmarked after July 1st)
<b>9<sup>th</sup></b> (Incoming freshmen)	<b>8am-11pm</b>	<b>\$115</b>	<b>\$125</b>
<b>10-12</b>	<b>12pm-3pm</b>	<b>\$125</b>	<b>\$135</b>

**Location: Westside High School**

**Late registration will be from 7-8 am and from 11-12 pm on July 27th.**

**If you have any questions, please contact Head Coach Brittany Williams**

**[westsidevolleyball@gmail.com](mailto:westsidevolleyball@gmail.com)**

**Cell: 832-428-9921**

**Please mail registration form to:**

**Westside Volleyball Camps, 14201 Briar Forest Dr., Houston, TX 77077**

**Checks should be made payable to: Westside High School Volleyball Camps**

**T-Shirt Size \_\_\_\_\_ Circle One: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>**

Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parents \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email contact \_\_\_\_\_ (please provide and email contact as camp info will be sent via email once you have registered)

As the parent/guardian of \_\_\_\_\_ I release, waive, discharge Westside High School, its employees, staff, and administration from any and all liability claims resulting from loss, injuries, illness, and other damage including death which may be sustained by my child during the duration of the Westside Volleyball Camp. To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity, which would place my child at risk while participating in the camp. During the period of the league, I hereby give permission to the staff of Westside High to administer proper medical assistance to my child in the event of accident, illness or injury. I understand that I will be responsible for any and all costs of medical treatment and coverage provided not covered by insurance. I HAVE READ THE WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Emergency contact # \_\_\_\_\_

If parents can't be reached, contact \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_