

**ALL-AMERICAN VOLLEYBALL CAMP
REGISTRATION**

NAME _____

AGE _____ GRADE IN FALL _____ SHIRT SIZE (ADULT) _____

ADDRESS _____ PHONE _____

RELEASE INFORMATION:

In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against All American Volleyball Camp or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this camp, and which may arise out of my traveling to, participating in or returning from the camp. Parent(s), guardian authorize the All American Volleyball Camp to act in the best interest of the applicant, in Camp Directors' discretion, in event of injury to the applicant.

APPLICANT'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

MEDICAL INSURANCE _____

POLICY # _____

EMERGENCY CONTACT: _____ PHONE _____

------(CUT HERE)-----

ALL AMERICAN VOLLEYBALL CAMP

**MAKE CHECKS PAYABLE TO:
AWTY INTERNATIONAL SCHOOL**

CAMP DATE: JUNE 2-4, 2008

LOCATION: AWTY INTERNATIONAL SCHOOL

COST: \$160.00 PER PLAYER

**SESSIONS: 9:00 AM - 11:30 AM
12:30 PM - 3:00 PM**

**SEND FULL PAYMENT AND
REGISTRATION TO:**

JULIE BISHOP
7455 AWTY SCHOOL LANE
HOUSTON TEXAS 77055

JBISHOP@AWTY.ORG

(713) 686-4850

**DUE BY:
APRIL 16, 2008**

AAVC Use Only:

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PD #