



Galveston Ball High School Volleyball Skills Camp for Incoming Freshmen, July 24-25, 8:00 – 12:00 at Austin Middle School

Player:

Last Name First Name Middle Name
Address: _____ City: _____
School (8th grade): _____ Age: _____
Volleyball Experience _____

Parent Information

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian E-mail address: _____

Parental Authorization

I, parent or guardian of the above named participant, hereby approve of her participation in Galveston Ball High School's Volleyball Skills Camp. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless Ball High School, Galveston Independent School District, the coaches and other volunteers, the organizers, sponsors, supervisors, and other participants for any injuries or accidents which might occur.

Parent/Legal Guardian's Signature: _____

Date: _____

Any Medical Issues: _____

Make checks (\$60) payable to Jesus Duran or Venmo @jesus-duran-7. Turn in registration form and payment (if not Venmo) to Michelle Profitt at Ball High, or mail to 5525 Teal, Galveston, TX 77551.

For Camp Staff only:

Amount Paid: Cash _____ **or Check #** _____ **or Venmo** _____