**TEXAS CITY VOLLEYBALL HIGH SCHOOL CAMP**

**Monday, July 29th - Thursday, July 31st**

**8 a.m. to 11 a.m. at Texas City High School**

**The 2019 Texas City volleyball camp welcomes all returning players who are interested in being a part of the volleyball program for the 2019 season. This camp will be run by All-American Suzy Buechele from the University of Oklahoma. Coach Buechele has several years of club coaching experience including two national championships, and is currently a counselor at Texas City.**

**Location:** Texas City High School

**Camp Fee:** $60.00; can be prorated if cannot attend all three days.

**Payment Method:** Cash is preferred

Checks payable to **Suzy Buechele**

Note: Athletes cannot participate in camp without filling out the attached release form or providing payment. Walk-ins are welcome, but payment must be turned in before they participate.

**Please contact Coach Suzy Buechele at** [**suzy.buechele@gmail.com**](mailto:suzy.buechele@gmail.com) **or**

**Coach Glenn Kennedy at** [**gkennedy@tcisd.org**](mailto:whilton@alvinisd.net) **for any additional questions or concerns.**

2019 Texas City Volleyball Camp Registration Form- please provide this portion with payment

**Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Ent.: \_\_\_\_\_\_\_**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Release Form**

I, the undersigned, as the parent or legal guardian of a minor child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby acknowledge that the above-named child is covered by medical insurance as follows:

Insurer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, as parent or guardian, hereby give permission for my child to participate in the Texas City VB camp and acknowledge the fact that she is physically able to participate in the camp activities. I hereby authorize the camp staff to act for me according to their best judgment in an emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my daughter. I hereby waive any claim I might have against the camp, director, or the institutions providing facilities.

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Parent Signature Date