

Bowie Lady Dawg Volleyball Camp Registration Form

July 27-31, 2009

Location: Bowie High School

Session 1 _____ 8:00-11:00 a.m.: For all entering – 3rd - 6th graders: Cost: \$85.00

** Note: Grade level is for the 2009 Fall School Year.

Session 2 _____ 11:30 a.m.-2:30 p.m.: For all entering – 7th - 8th graders: Cost: \$85.00

** Note: Grade level is for the 2009 Fall School Year.

Session 3 _____ 3:00 p.m.-6:00 p.m.: For all entering – 9th graders: Cost: \$85.00

** Note: Grade level is for the 2009 Fall School Year.

NAME: (print) _____ **GRADE** _____ **AGE** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE (home) _____ (work) _____ **SCHOOL** _____

T-SHIRT SIZE: Youth (S - M - L) _____ Adult (S - M - L - XL) _____

For further information Contact or mail registration to:

Bowie High School
c/o Jason Landers
4103 W. Slaughter Ln
Austin, TX 78749
(512) 414-7350

Make all checks payable to: Bowie Volleyball

Camp Information: The volleyball camp is designed to adhere to all levels of skill development. Athletes shall be grouped according to age level, and all groups shall be presented with a wide array of drills to challenge them at all of the basic skills in volleyball. Each day shall consist of the following:

- 1) Fundamental skill work (passing, setting, spiking, serving, etc.)
- 2) Individualized instruction
- 3) Games and scrimmages primarily focused on the last two days

Registration Deadline: July 20 before camp begins

WAIVER OF LIABILITY

I, as a parent or guardian, hereby give permission for my child _____ (name) to participate in the (camp-this will be specific to the campus hosting the camp) scheduled to be held **July 27-31** at **Bowie High School**. I acknowledge that he or she is physically able to participate in all camp activities that have been described in the information sheet and/or brochure. I hereby release and forever discharge **Bowie High School**, Austin Independent School District, its employees, agents and contractors in both their public and private capacities from any and all liability, claims, suits, damages or cause(s) of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with the camp activity. I also give my permission for any emergency medical care that may be required as a result of any injury. I have also read and accept the terms of the refund policy.

Parent/Guardian Name

Date

Phone: Home/Work