

BLAZER
NATION
ALUMNI



Congratulations
on your 1st
college season!

Americas Volleyball

CAMP FLYER

MAY 2015

June 1-3, 2014

3rd-6th Grade: 9:00-11:00 AM (\$30 *cash only*)

7th- 9th Grade: 1:00-4:00 PM (\$45 *cash only*)

Contacts and Coaching Staff:

Coach Gomez 915-309-3872 agomez14@sisd.net

Coach Reno 915471-3380 Ironov02@sisd.net

Registration

Name: _____

2015-2016 Grade Level: _____ **Phone #:** _____

T-Shirt Size: YS YM YL XS S M L

Consent/ Insurance Information

I hereby give my consent for my daughter _____ to participate in the following activities: volleyball drills, games, running activities, and other physical activities. I indemnify and release the Americas High School Summer Volleyball Camp, its offices, directors, agents and employees as well as SISD from any and all liability for personal injury arising out of the camper's participation in the camp program. If at any time, it is necessary for the camp to secure services of whatever physical or medical facility selected and to secure whatever transportation is deemed necessary. I know of no medical or physical problems, which affect my child's ability to safely participate in the camp.

Parent/ Guardian Signature: _____

Print Name: _____

Insurance Company: _____

Policy #: _____

Emergency Contact #: _____