



2019 Canyon Volleyball Youth Camp

Who: **Incoming 2nd – 6th graders**
When: **June 10th-13th – 5:00-7:00pm**
Where: **Canyon High School Cougar Den**
Cost: **\$65.00**
Contact: **Heather Sanders, Head Volleyball Coach**
830-221-2482, heather.sanders@comalisd.org

Please detach and return registration and fees to Heather Sanders. Make checks payable to Canyon Volleyball. Please dress in athletic clothes and bring a water bottle. No refunds will be issued.

Mail to: **Heather Sanders**
C/O Canyon High School
1510 IH 35 North
New Braunfels, TX. 78130

Name _____
School/Grade _____ **(2019-20)**
Parent/Guardian _____
Phone # _____ **Email** _____
T-shirt size **Youth** **S** **M** **L**
 Adult **S** **M** **L**
In case of emergency, contact _____
Phone # _____
Amount/Method of Payment **Cash** _____ **Check #** _____

Waiver of Claims: In and for consideration of my participation in this program, We hereby agree and promise that we will not hold the Comal Independent School District, its employees, or any instructors responsible for any loss, damages, or personal injuries that we may receive as a result of participation. This waiver of liability expressly includes transportation to and from, or in connections with, said program.

Signature of Parent/Guardian _____

Date _____

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