

# BUILDING CHAMPIONS

## Victoria West Volleyball Camp

**When:** May 28-30, 2019 (Tuesday, Wednesday & Thursday)

**Where:** West High School Gymnasium (307 West Tropical Drive, Victoria, TX 77904)

**Grades 4-8 for 2019-2020:** 9:00 a.m. - 11:30 a.m. (Check in @ 8:40 a.m.); Email or call for special age requests.

**Grade 9 for 2019-2020:** 12:30 p.m. – 3:00 p.m. (check in @ 12:15 p.m.)

**Cost:** \$50.00 (non-refundable); Checks payable to **VWHS Volleyball**. Cost includes a camp shirt. Campers may register up until the morning of May 28, 2019.

**Coaches:** West High School coaches and former players

**Questions:** Direct questions to Coach Hill: email [alysia.hill@visd.net](mailto:alysia.hill@visd.net) or call 788-2830 ext. 39414

**Please return this form and check to:** PE/Athletic coach or mail to the below address.

Victoria West High School  
Attention: Alysia Hill  
307 West Tropical Drive, Victoria, TX 77904

Name: \_\_\_\_\_ Grade for 2019-20 School Year: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Parents Cell Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Please circle the t-shirt size (Youth and Adult sizes available):

Youth S	Youth M	Youth L	AS	AM	AL	XL
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**Waiver of Claims:** I as parent or guardian, hereby give permission for my child to participate in the VWHS Warrior Volleyball Camp and certify that she is physically able to participate in camp activities. I hereby authorize the coaches for the VWHS Warrior Camp to act for me according to their best judgment in any emergency requiring medical attention and acknowledge that I will be responsible for any cost incurred due to sickness or injury to my child. I agree that indemnify and save harmless VWHS and coaches for any suits, actions, claims, penalties, and expenses, (including attorney's fees of any character, type or description, property, arising out of occasioned by, or attributed to, directly or indirectly, my child's participation in the VWHS Warrior Camp, including claims and damages arising in whole or in part from negligence of coaches, VWHS its employees, agents or attorneys.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

DATE \_\_\_\_\_

O CASH      O CHECK/MONEY ORDER # \_\_\_\_\_