



# North Texas Volleyball Instruction



## SUMMER FLASH 2018

- What:** This is our 2<sup>nd</sup> – 7<sup>th</sup> grade SUMMER FLASH volleyball camp directed by Robyn Wallace, head volleyball coach at Central High School. Camp last 3 hours a day for 3 days. SUMMER FLASH Camp will include:
- Individual skill work and team concepts taught at an age appropriate level.
  - Instructor to athlete ratio is 1:10 in most situations.
  - Price includes instruction, a t-shirt, and a
  - Athletic shoes are required. Knee pads are optional, but recommended. You are welcome to bring your own volleyball.
  - Parents are invited to attend on last day for the last hour of each session for competitive play and awards.
  - Players are encouraged to bring money to deposit in their account in the Concession Stand Bank for snacks each day. The balance will be returned on the last day of camp.

**Dates:** May 29<sup>th</sup>-31<sup>st</sup> (Tuesday, Wednesday, Thursday)

**Where:** Central High School

**Time:** 9:00 AM – 12:00 PM

**Cost and Deadline:** \$85.00, postmarked by MAY 16<sup>th</sup>. (Add \$15 if postmarked after MAY 16<sup>th</sup>.)

<p><b>Mail registration form and fee with checks made payable to</b>  <i>North Texas Volleyball Instruction</i> to:          North Texas Volleyball Instruction          PO Box 1353          Keller, Texas 76244</p>	<p><b>Want to pay online?</b>          Visit: <a href="http://NorthTXVolleyball.com">NorthTXVolleyball.com</a>          And click on CAMPS in the menu to complete the registration form and pay online.</p>	<p><b>Coach Contact Information:</b>          Coach Robyn Wallace          North Texas Volleyball Instruction          NorthTXVolleyball@gmail.com          214.205.4751</p>
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Shirt Size: (circle one)      Youth: S M L XL      Adult: S M L XL

Player's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ What school do you currently attend? \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone #: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

As a parent/guardian of \_\_\_\_\_ I release, waive, discharge NTVI, its employees, staff, and administration from any and all liability claims resulting from loss, injuries, illness, and other damage including death which may be sustained by my child during the duration of the North Texas Volleyball SUMMER FLASH CAMP. To the best of my knowledge my child is in good physical condition and I am not aware of any physical infirmity which would place my child at risk while participating in the league. During the period of the clinic, I hereby give permission to the staff of NTVI to administer proper medical assistance to my child in the event of accident, illness or injury. I understand that I will be responsible for any and all costs of the medical treatment and coverage provided not covered by insurance.

I HAVE READ THE WAIVER OF LIABILITY AND FULLY UNDERSTAND IT'S TERMS.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_