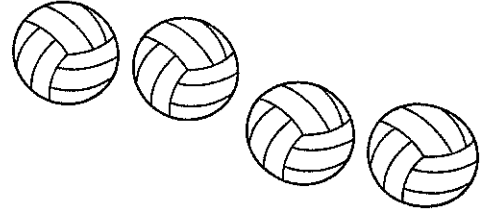


Memorial High School Incoming Freshmen Volleyball Camp



Objective: To help acclimate incoming freshmen volleyball players about the ins and outs of Memorial volleyball.

Applicants: All incoming 9th graders to Memorial High School for the 2018 – 2019 school year.

Dates: **Saturday, June 2nd from 8:30-11am and 12:30-2pm**

Cost: \$20.00 and should be received no later than Wednesday, May 25th

- Scholarships are available – Contact Coach Gammill for more information.

Payment:

Send bottom portion with check or
money order payable to:
MHS VOLLEYBALL ACTIVITY FUND
Please Include Child's Name on
the Memo Line

Send Registration to:

MHS Volleyball
Attn: Coach Beth Gammill
935 Echo Lane
Houston, Texas 77024

Location: Located at Memorial High School Gym 2 at above address

What to Bring: Court type shoes, knee-pads (optional) workout gear, water, towel and a nutritious snack.
There will be a 1-½ hour break for lunch. The girls can bring their own lunch and eat in the gym or
you can pick them up and have them back before the start of the afternoon session.

Contact: Any questions, call Beth Gammill at school (713) 251-2710 or email beth.gammill@springbranchisd.com

----- (cut here and return bottom portion & retain top portion for your records) -----

2018 Memorial High School Incoming Freshmen Volleyball – Camp Registration & Waiver Form

I hereby authorize the coaches and directors of the *Memorial High School Incoming Freshmen Volleyball Camp* to act for me in accordance with their judgment in any emergency requiring medical attention. I further waive and release Memorial High School Volleyball Camp from liability for any damages from injuries and/or illness sustained at the Memorial High School Volleyball Camp. I know of no mental or physical conditions, which might affect my child's ability to safely participate in the camp. I have included a copy of my child's latest physical and have notified the camp instructors of any physical ailments my child has experienced of which they should be aware.

Name of Parent / Guardian: (print) _____ Phone #: _____

Signature of Parent/Guardian: _____ Date: _____

Incoming Freshmen Information:

Last Name: _____ First Name: _____ Birthdate: _____

Home Address: _____ City: _____ Zip: _____

Current Middle School Campus: _____ Team Played in Middle School: _____

In Case of Emergency – Contact Information:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Any concerns, medical conditions or allergies – please list below:

