

▶ **Online registration is highly encouraged!** ◀

Visit www.karenchisumvolleyballcamps.com

Registration Form -- Karen Chisum Volleyball Camp 2018

Register online or fill out this form as soon as possible and mail with your **non-refundable deposit** (\$100) and your physician's medical release to **Karen Chisum Volleyball Camp, Texas State Volleyball, 601 University Dr., San Marcos, Texas 78666**. Make checks payable to: **Karen Chisum Volleyball Camp**.

PLEASE TYPE OR PRINT THE SECTION BELOW:

Name _____

Address _____

City _____ State _____ Zip _____

School _____

Age on Sept. 1, 2018 _____ Male Female Grade in Sept.2018 _____

Parents' Names _____

Phone Hm (_____) _____ Cell (_____) _____

Parent's E-mail address _____

Roommate Preference _____

T-Shir t Size: **Adult:** S M L XL

Youth: S M L XL

For further information, please call Sean Huiet at (512) 245-3583

Fax number (512) 245-8807 or email SH48@txstate.edu

• Go to www.karenchisumvolleyballcamps.com for more information and final details.

• Upon receipt of your application and payment, you will receive a confirmation email.



Medical Release

I hereby authorize the staff of the camp to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp.

I have no knowledge of any medical problem or physical impairment that would be affected by the above named camper's participation in the camp program, as outlined in the brochure.

The Texas State Student Health Center and/or the nearest medical facility is hereby authorized to render primary medical care to my son/daughter during his/her visit to Texas State.

Prior to the start of camp, all applicants must submit a physician's medical release, or physical.

Assumption of Risk/Release from Liability

I, the undersigned, as the parent or legal guardian of a minor child _____, hereby acknowledge that the aforementioned child is covered by medical insurance as follows:
Insured: _____ Company: _____ Policy Number: _____
It is further understood that Karen Chisum does not provide medical insurance covering injuries of any nature incurred at the 2018 Karen Chisum Volleyball Camp. The undersigned hereby releases Karen Chisum & Texas State University, its successors, assigns, officers, agents, and employees, from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation of the aforementioned child in the 2018 Karen Chisum Volleyball Camp.

Parent/Guardian Signature _____ Date _____

MARK BOTH SESSION AND PRICE:

INDIVIDUAL

Before 4/15/18:

- Skills Camp I - July 6-8 \$385 Resident \$335 Commuter
 Skills Camp II - July 9-11 \$130 Day Camp Only
 Skills Camp III - July 13-15 \$385 Resident \$335 Commuter

On or after 4/15/18:

YOUTH

- Youth Clinic - July 9-11
\$125 - 1/2 days

- Skills Camp I - July 6-8 \$420 Resident \$385 Commuter
 Skills Camp II - July 9-11 \$160 Day Camp Only
 Skills Camp III - July 13-15 \$420 Resident \$385 Commuter

For Office Use Only: Date _____ DP CK# _____ Date _____ CK# _____