

► **Online registration is highly encouraged!** ◀  
**Visit [www.karenchisumvolleyballcamps.com](http://www.karenchisumvolleyballcamps.com)**

### Registration Form -- Karen Chisum Volleyball Camp 2019

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, 2019 \_\_\_\_\_  Male  Female Grade in Sept.2019 \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone Hm (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

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

Roommate Preference \_\_\_\_\_

T-Shirt 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](http://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.

### 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 2019 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 2019 Karen Chisum Volleyball Camp.

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

### MARK BOTH SESSION AND PRICE:

### YOUTH

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

### INDIVIDUAL

- Skills Camp I - July 6-8
  - \$425 Resident  \$325 Commuter
- Skills Camp II - July 9-11
  - \$190 Day Camp Only
- Skills Camp III - July 12-14
  - \$425 Resident  \$325 Commuter

**ALL PRICES INCREASE \$20 AFTER JUNE 30th**

**For Office Use Only:** Date \_\_\_\_\_ DP CK# \_\_\_\_\_ Date \_\_\_\_\_ CK# \_\_\_\_\_