



This camp will incorporate skills for the beginner player up to an experienced player. Athletes will be trained at each position to allow for the member to better themselves as an all-around player. Positional training for setters, liberos, outside hitters, right side hitters and middle hitters will be taught to every member. Learn some of the best techniques used today from college players and competitive USAV players. The final day of training will focus on game application and scrimmages.

Registration Information:

Participant(s) Name:	Age:	Grade:	School:	Session Dates & Times:	Fees:
1.					
2.					
3.					
4.					
5.					
				Check: #	Total: \$

Make check payable to TopFlight Volleyball or TFV. Mailed registrations must be completed and postmarked a week before the start date.

Parent 1 Name:		Parent 2 Name:	
Cell Phone 1:		Cell Phone 2:	
Email 1:		Email 2:	
Address:		City, State, ZIP	

By signing below, I (*please print*) _____ give permission for my child (*please print*) _____ a minor to participate in the TFV Youth Camp hosted by TopFlight Volleyball (TopFlight Volleyball will be recognized as TFV in the rest of this document). I recognize these activities will involve strenuous activity and certify that the Participant is fit to engage in an activity of this sort. I recognize the risks that are inherent in the activities proposed for this activity. In case of an emergency involving the Participant, I understand that the TFV staff will make all reasonable attempts to contact me at the supplied telephone numbers on this document. If the TFV staff is unable to contact me, I hereby authorize the TFV staff, or physician selected by TFV, to hospitalize and/or secure proper treatment for the participant. I, therefore give my approval for the Participant's participation in all activities at the camp and assume all risks and hazards incidental to such participation and do, for myself, my heirs, executors and administrators, waive, release, indemnify, and forever agree to hold harmless the TFV Volleyball Club, its staff & HCISD its staff, officers, agents, representatives, sponsors, advertisers, coaches, teams, volunteers, employees, heirs, successors, and assigns of and from any all rights and claims for dangers resulting from injury to person or property which may be sustained or occur during participation in TFV activities, whether said damages, injury or loss is due to negligence or not.

PARENT SIGNATURE: _____ **DATE:** _____

Mail in form above; keep the information below for reference.

----- DETACH HERE -----

<p style="text-align: center;">TFV YOUTH VB INFORMATION:</p> <p>SESSION DAYS: _____</p> <p>SESSION START DATE: _____</p> <p>TIME: _____</p> <p>LOCATION: _____</p> <p>Participants will need a water bottle, knee pads, and comfortable shoes.</p>	<p>Mail Registration Form to TopFlight Volleyball, PO Box 367 Buda, TX, 78610 Walk-Ins welcome (space is limited).</p> <p>For more information: Contact : Charlie Tamez Phone: 512-413-3283 Email: ttopflightvolleyball@gmail.com Website: www.TopFlightVolleyball.com</p>
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