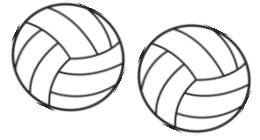




Memorial High School Incoming Freshmen Volleyball Camp



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 2019 – 2020 school year.

Dates: **Monday – July 29th through Wednesday - July 31st from 1pm to 4pm**

Cost: \$45.00 and should be received no later than Wednesday, July 24th

- Scholarships are available – Contact Coach Platt for more information.
- There will NOT be at the door registration

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 Melissa Macha
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.

Contact: Any questions, call Coach Kaddie Platt email kathleen.platt@springbranchisd.com

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

2019 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: _____

Parent e-mail address: _____

Incoming Freshmen Information:

Last Name: _____ First Name: _____ Birthdate: _____

Home Address: _____ City: _____ Zip: _____

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

Home Address: _____ City: _____ Zip: _____

Student Personal or SBISD email account: _____

In Case of Emergency – Contact Information:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

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

