Camp Features:

- Campers will be grouped up by age.
- The Camp is designed to give each athlete an opportunity to perform basic offensive and defensive skills.
- Fundamental skills will be taught through drills that enhance ability and knowledge level.
- The proper mechanics of passing, setting, serving, and hitting, will be covered.
- Each athlete will receive a volleyball camp shirt with the price of admission if you register early.

Registration after May 5 th could result in no camp shirt.

Camp Schedule:

- This is a great opportunity to establish a foundation for future volleyball seasons, as well as a chance for the coaches and kids to become acquainted.
- Athletes will have water available to them throughout the camp. A quick water break will be scheduled for every 30 minutes of activity.

3rd grade-9th grade: Cost \$40 Camp is May 22-24th 5:00-7:00 pm. Registration after May 5th through the day of Camp will be \$50

(Grades are what the athlete will be going into as of the 2023-2024 school year.)

Registration Form- T-M Volleyball Camp hosted by T-M Volleyball Coaches (held at TM High School)

Tuloso-Midway Athletic Department

Attention: Shelby Chapa (Email: schapa@tmisd.us)

3653 McKinzie Rd. Corpus Christi, Tx 78460

*Checks payable to TMISD (include DL #)

*Online registration is preferred.

*Registration begins immediately and continues until the first day of camp.

	<u> </u>		, <u> </u>
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 herby wave and release the			
camp from any and all liability for any injuries or illnesses incurred while at the camp.			
I have no knowledge of any outlined in the brochure.	medical problems or physical	impairment that would be affe	ected by the below named camper's participation in the camp program, as
		y are hereby authorized to ren	der primary medical care to my child during the camp.
Assumption of Risk/Release	from Liability:		
I, the undersigned, as the parent of legal guardian of the minor child,, hereby acknowledge that the forenamed child is covered by medical			
insurance as follows:			
Insured:	Company:	Policy No:	
	uccessors, as signs, officers, a	• •	s of any nature incurred during the 2022 T-M Volleyball Camp. The undersigned by injury, growing out of or resulting from participation of the forenamed child
Parent Signature:		Date:	
Athlete Name:			

Please Circle the T-Shirt size: <u>Youth</u>: YS YM YL <u>Adult</u>: S M L XL Please circle Payment Method:

Cash, Check, Online

PLEASE SEE QR CODE FOR REGISTRATION AND FILL
OUT THE GOOGLE FORM

