

**2019 Volleyball Camp/Try-Out Registration Form**

**Camp Dates: May 13-16th**

**Player Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2019-2020 Grade:** \_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age as of 9/1/2019**: \_\_\_\_\_\_\_\_

**Trying out for a team?** Yes No Undecided

*After teams are announced, a mandatory parent-player meeting will be held on Thursday, May 30 @ 6:30pm located at Grace Church 14505 Gulf Freeway, Houston, TX 77034. BOTH parent & player are expected to attend together. A $50 late registration fee will be assessed to anyone who needs a make-up meeting.*

\_\_\_\_\_\_ Parent Initials

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Below to be completed by CHSA Administration.*

\_\_\_\_\_ 2019-2020 Medical Release Form

\_\_\_\_\_ Camp payment: $100 Cash \_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_