

Elite Team Camp



Junior High Session

WHEN: August 19-21, 2013 from 6pm-9pm

WHERE: Advantage Sports Center (TAV)
4302 Buckingham Road
Fort Worth, TX, 76155

WHAT: 1 hour training/2 hours competition per night

We will have a 7th Grade Division and an 8th Grade Division

Each team will be provided with an information sheet to fill out with system and lineup information that will be given to our staff

COST: \$50 PER/PLAYER(8 player minimum per team)

CONTACT: LJ Sariego at lsariego@ascvb.com with any questions

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**IMPORTANT:**

\*register as a team

\*each player must have a filled out "Release"

\*make payment by cash or check to ASC

\*assign one parent to handle registration of team and fill in team roster along with contact info

\*if your coach is interested in coaching another school's team, please notify LJ Sariego at [lsariego@ascvb.com](mailto:lsariego@ascvb.com)

\*deadline to sign up is August 16

# Elite Team Camp

## Release – Permission to Treat & Emergency Information

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF \_\_\_\_\_ (“CHILD”).  
I DO FOR BOTH OF CHILD’S PARENTS, FOR CHILD AND CHILDS HEIRS AND SUCCESSORS,  
RELEASE Texas Advantage VOLLEYBALL CLUB, Advantage Sports LLC, AND ANY OF ITS AGENTS OR  
REPRESENTATIVES FROM ALL CLAIMS ARISING OUT OF OR IN CONNECTION WITH CHILD’S  
PARTICIPATION IN THIS CAMP. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT  
ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING  
REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE.  
Further, I give permission to CAMP DIRECTORS to treat Child or arrange for medical care or  
treatment for child in any situation deemed reasonably necessary. If circumstances permit,  
CAMP STAFF shall attempt to communicate first via telephone with the following emergency  
contacts for child

Primary Emergency Contact:

Secondary Emergency Contact:

\_\_\_\_\_  
(Name and Relationship) (Telephone #) (Name and Relationship) (Telephone #)

In the event neither emergency contact can be reached or if the urgency of the situation  
requires immediate attention without prior telephone contact, CAMP STAFF may arrange for  
medical treatment for the Child at the expense of the parent or guardian signing this form.  
Health Insurance, PPO information for child is as follows:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone : (\_\_\_\_) \_\_\_\_\_

In order to seek appropriate medical care of treatment of Child, please disclose the following:

Allergies: \_\_\_\_\_ (please specify, enter “none”)

Heart disease or other: \_\_\_\_\_ (please specify, enter “none”)

Any other conditions, symptoms or disability which would or might affect medical care or  
treatment or participation in this camp:

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

\_\_\_\_\_  
Signature (Custodial parent or court appt. guardian) (Date)