

# Elite Team Camp



**WHEN:**       **Session 1**        July 29<sup>th</sup> - July 31st 6pm - 9:00pm

**Session 2**        August 1<sup>st</sup> , August 2<sup>nd</sup> 6pm - 9:00pm, August 3<sup>rd</sup> 10am – 1pm

**(CHECK which session your team will attend, print and bring in to ASC)**

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

**What:**                \* 1 hour training / 2 hours competition per night  
  
\* We will have a Varsity Division and a Sub Varsity Division for JV and Freshman Teams  
  
\* Each team will be provided with an information sheet to fill out with system information that will be given to our staff

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

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**Contact:**                LJ Sarioego at [lsarioego@ascvb.com](mailto:lsarioego@ascvb.com) with any questions

**IMPORTANT:**

- \*register as a team
- \*each player must have a filled out "Release"
- \*make payment by cash or check to ASC
- \*assign one player 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 Sarioego at [lsarioego@ascvb.com](mailto:lsarioego@ascvb.com)

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## 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**