



# 2017 Brackettville High School Volleyball Camp



*Instruction from Coach Holly Graham Watts,  
Head Coach at The University of Texas at El Paso*

**Dates:** June 12-13, 2017  
**Site:** Brackettville High School Gym  
**Ages:** 7<sup>th</sup> – 12<sup>th</sup> grade (2017-2018 school year)

**Times:** Monday, June 12<sup>th</sup>: 9-12<sup>th</sup> graders 8:00-10:00am, 1:00-2:30pm  
 7-8<sup>th</sup> graders 10:00am-12:00pm

Tuesday, June 13<sup>th</sup>: 9-12<sup>th</sup> graders 8:00-10:00am, 1:00-2:30pm  
 7-8<sup>th</sup> graders 10:00am-12:00pm

**Cost:** \$10 per hour per camper (*make checks payable to Holly Watts*)  
**When to Register:** By May 29<sup>th</sup>, to guarantee space; First Day of Camp if space still available  
*\*\*Camp is open to any and all, according to age/grade noted and space available\*\**  
**T-shirts:** Limited number of T-shirts will be sold on-site for an additional \$5.00

## CAMPER INFORMATION

**Name:** \_\_\_\_\_

**Grade ('17-'18 school year):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Release Form/Emergency Information

As a custodial parent or court-appointed guardian of \_\_\_\_\_ (child's name), I do for both of child's parents, for child and child's heir and successors, release "Brackettville Volleyball Camp" and any of its agents, employees, or staff from all claims arising out of or connected with the child's participation in any of the "xxx Volleyball Camp" activities. 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. Furthermore, I give permission to the staff of "Brackettville Volleyball Camp" to treat child or arrange for medical care or treatment deemed necessary. If circumstances permit, the staff will attempt to communicate via telephone with the following emergency contacts for child.

### Primary Emergency Contact

(NAME, RELATIONSHIP, PH. #) \_\_\_\_\_

### Secondary Emergency Contact

(NAME, RELATIONSHIP, PH. #) \_\_\_\_\_

In the event neither emergency contact can be reached, or if the urgency of the situation requires immediate attention without prior telephone contact, "Brackettville Volleyball Camp" staff may arrange for medical treatment at the expense of parent or guardian signing form.

### Health insurance, PPO:

Ins. Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Allergies (if any): \_\_\_\_\_ Heart disease or other: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**