East Central Volleyball
TEAM CAMP

July 27-28th
@ East Central High School Gym 2

Thursday, July 27th (2 sessions): 3:30 - 5:30 PM & 6:30 - 9:00 PM
Friday, July 28th: 9:00 - 11:30 AM

Arrive 15 min. Early the First Day to Register

Camp Fee: **$100.00 per athlete (cash only)**

Name: _____

Address: _____

Phone Number: _____

Grade : _____ **High School : _____**

I hereby give permission for my child to participate in the East Central Team Volleyball Camp. I hereby waive and release East Central High School & ECISD, Camp Director Tracy Smith and any and all camp and facility employees and staff from any and all liability for injury and or illness incurred while at camp. I authorize the director of the camp to act for me according to their best judgment in any emergency requiring medical attention if I cannot be reached.

Parent or Guardian Signature: _____

Emergency Phone Number: _____