



# Camper Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Shirt size (adult): \_\_\_\_\_ Camper Email: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Release Information:

In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against All American Volleyball Camp or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this camp, and which may arise out of my traveling to, participating in or returning from the camp. Parent(s), guardian authorize the All American Volleyball Camp to act in the best interest of the applicant, in Camp Directors' discretion, in event of injury to the applicant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

All American Volleyball Camp  
*Incoming 9th-12th Graders*

make checks payable to:

**Lago Vista ISD**

Camp Date: 7/28/2022-7/30/2022

Location: Lago Vista High School

Cost: \$170 Per Camper

Times: 8-10:30 & 11:30-2

Send \$50 non-refundable\*  
deposit and registration to:

Lago Vista High School  
 Attn: Tara Domel  
 5185 Lohman Ford Rd  
 Lago Vista, TX 78645

Deposit Due: 4/1/22

Balance Due: 5/1/22

Coach: tara\_domel@lagovista.txed.net