

2018
Shiner St. Paul
FROEBS
VOLLEYBALL CAMP

Grade 9

July 10-12

7:00-10:00am

St. Paul Gym

\$85

Directed by Coach Brian Froebel

Brian Froebel

200 August Ave.

Shiner, TX 77984

**Checks payable to Brian Froebel

Phone: 979-525-1274

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Camper Registration

Camper Name (Last) _____ (First) _____

Age: ____ Date of Birth: ____/____/____ Position: _____ Height: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Parent/Guardian Name: _____

Home Phone: (____) _____ Cell Phone (____) _____

School Name: _____ Grade in Fall: _____

Emergency Contact: _____ Relationship: _____

Home Ph: _____ Cell Ph: _____

T-Shirt Size: S M L XL

Camper will receive a camp T-shirt
Registration must be received at least two weeks prior to camp to receive a Shirt

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Waiver / Proof of Insurance

I, _____ hereby authorize the camp staff to act for me, according to their judgment, in any emergency requiring medical attention and hereby waive and release Brian Froebel and Camp Staff from any and all liability for any injuries or illnesses incurred while attending camp. I have no knowledge of any medical problems or physical impairments that would affect _____ (print camper name) to safely participate in the camp program. I certify that the above named camper is covered by a medical insurance policy in case of illness or injury. I acknowledge that I have read and understand the waiver policies.

Signature: _____

Date: _____

Relationship: _____

Insurance Company: _____

Policy Number: _____

Once a camper/team has attended one day of camp, no refunds will be issued. Walk-in Campers will not receive a camp tee.

Please mail to:

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