



Independence High School
July 30th-August 1st
5 Training Sessions- \$125.00
T-shirt Included
9:00am-12:00pm, 1:30pm-4:30pm

*Per NCAA rules, a member institution's sports camp or clinic shall be open to any and all entrants (limited only by number, age, grade level and/ or gender).

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Complete and Return the registration form waiver and payment to: **Michele (Shelly) Massey**

Shelly Massey- 817-729-3869

Please make checks payable to: Penny Lucas White

Check Grade: 9th; 10th; 11th; 12th;

Circle T-shirt Size

SM M; LG; XL

Player Name: _____ Age: _____

Player Email: _____

Street Address: _____

City/State/Zip: _____

E-mail: _____

Please describe what you expect from this experience. Include your club experience and if you are interested in playing in college. Also provide any other information that will help us meet your needs.

Parents Release and Indemnity

We (or I) hereby release all Independence High School employees and Penny Lucas-White and volleyball staff from all claims on account or injury sustained by the above named Athlete while attending the 2014 Penny Lucas-White Satellite Volleyball Camp. We agree to indemnify the Board of Control (Governing Board) of the Independence High School Volleyball Camp and all its employees and the camp staff from any claim which may hereafter be presented by the camper as a result of injury.

Athlete's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Insurance provider : _____

Policy #: _____

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