



## Camper Registration Form

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

**Frassati Catholic High School**

Camp Date: 7/24/2025-7/26/2025

Location: Frassati Catholic HS Gym

Cost: \$185 per camper

Times: 9-11:30 & 12:30-3

Send full payment and  
registration to:

Frassati Catholic High School  
Attn: Trina Searcy  
22151 Frassati Way  
Spring, TX 77389

Due: 6/29/24

Coach: [t.searcy@frassaticatholic.org](mailto:t.searcy@frassaticatholic.org)