

TEXAS ELITE

All Skills Volleyball Camp 2010

txelite.org

Texas Elite will be dedicated to keeping your volleyball skills in fine tune this season. The week of July 26 - 29, 2010, will be the perfect time to get position specific individualized instruction, participate in intense drills, and stay one step ahead of your competition.

****1989 UNDEFEATED STATE CHAMPS 41 & 0
*13TH IN THE NATION *1991 & 1992 STATE FINALIST,
**1993 UNDEFEATED STATE CHAMPS 42 & 0
5TH IN THE NATION, 1996 STATE SEMI-FINALIST
1997 STATE CHAMPS 40 & 1, 8TH IN THE NATION
1998 & 1999 AREA CHAMPS
2000, 2001, 2002 & 2004, 2006 REGIONAL
QUARTERFINALIST
3RD & 11TH PLACE FINISHES @ JUNIOR OLYMPICS**

THE TEVA VOLLEYBALL CAMP WILL BE CONDUCTED BY HEAD COACH DEBBIE JAEHNE (815 WINS & 144 LOSSES) AND HER ASSISTANT COACHES & FORMER COLLEGE PLAYERS. ALL VOLLEYBALL SKILLS WILL BE TAUGHT AS WELL AS OFFENSES AND DEFENSES.

SITE: Cypress Creek High tentatively

In coming 9th grade players

Cost: \$100.00 TIME: 2:00pm -5:00pm

DATE: July 26 -29, 2010

******Deadline is June 15, 2010 to ensure a t-shirt,******

******Registration after June 15, 2010 is \$125.00******

Questions? Please email Debbie Jaehne @ deborah.jaehne@cfisd.net

Send check and registration form to: TEVA-

1916 Maux Dr., HOUSTON, TX 77043

This activity is not related to or sponsored by the Cypress-Fairbanks Independent School District

9TH JULY 26-29, \$100

REGISTRATION FORM *9th Grade*

PLAYER INFORMATION PLEASE PRINT CLEARLY

CIRCLE T-SHIRT SIZE: *YS* *YM* *YL* *AS* *AM* *AL*

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

BIRTH DATE ____/____/____ GRADE ____ HEIGHT _____

SCHOOL _____ CLUB TEAM _____

PHONE (____) _____ E-MAIL _____

R/L HANDED ____ POSITION _____

PARENT OR GUARDIAN INFORMATION

NAME _____ HM PHONE (____) _____

E-MAIL _____ CELL PHONE (____) _____

ADDRESS _____ CITY _____ ZIP _____

INSURANCE CO. _____ POLICY NO. _____

I CERTIFY MY CHILD, REGISTERED ON THIS FORM, IS IN GOOD HEALTH AND MAY PARTICIPATE IN ALL VOLLEYBALL TRAINING ACTIVITIES. I UNDERSTAND PARTICIPATION IS NOT WITHOUT SOME INHERENT RISK OR INJURY. AS SUCH, IN CONSIDERATION OF MY CHILD'S PARTICIPATION, I HEREBY WAIVE AND RELEASE TEXAS ELITE VOLLEYBALL STAFF AND FACILITY FROM ALL LIABILITY FOR INJURY OR ILLNESS INCURRED WHILE PARTICIPATING IN THE VOLLEYBALL CAMP. I ALSO GIVE MY CONSENT FOR ANY EMERGENCY MEDICAL CARE OR TREATMENT.

SIGNATURE (PARENT / GUARDIAN) _____ DATE _____

Check No. _____ Received _____

***** PLEASE ATTACH A COPY OF YOUR INSURANCE CARD*****

txelite.org

Mail checks payable to "TEVA" :

TEVA- 1916 Maux Dr.

HOUSTON, TX 77043

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