

Application
Viper Volleyball Summer Skills Camps
Mail this Form with your check

Name: _____

Address: _____ City: _____ TX Zip: _____

Age: _____ Date of Birth: _____ School/Grade: _____ / _____ Position: _____

Phone: Work _____ Home _____ Cell: _____

Email (1): _____ Email (2): _____

Club: _____ Team: _____ Position Played: _____ T-Shirt Size: _____

Check all that apply:

Ages 10 – 14
July 27-31

Ages 15 -18
July 20-23

- | | |
|---|---|
| <input type="checkbox"/> 1: Setter Skills July 27-30, 5 – 9 PM | <input type="checkbox"/> A: Setter Skills, July 20-23, 5 – 9 PM |
| <input type="checkbox"/> 2: General Skills, July 27-20, 1 – 4:30 PM | <input type="checkbox"/> B: General Skills, July 20-23, 1-4:30 PM |
| <input type="checkbox"/> 3: Libero, July 27, 5 – 9 PM | <input type="checkbox"/> C: Libero Skills, July 20, 5- 9 PM |
| <input type="checkbox"/> 4: Blocking Skills July 28 5 – 9 PM | <input type="checkbox"/> D: Blocking Skills, July 21, 5 – 9 PM |
| <input type="checkbox"/> 5: Hitting Skills, July 29, 5 – 9 PM | <input type="checkbox"/> E: Hitting Skills, July 22, 5 – 9 PM |
| <input type="checkbox"/> 6: Hitting Skills, July 30 5 – 9 PM | <input type="checkbox"/> F: Hitting Skills, July 23, 5 – 9 PM |

Sessions Costs: _____ Total Due: _____

Current Viper players in good standing receive a 10% discount.

Make your check payable to: AOA Sports: 9802 Dugas, San Antonio, TX 78245

Release from Liability

Read this release CAREFULLY. When you sign it you will be giving up important legal rights.

In consideration of the acceptance of my entry form for this volleyball camp, I intend to be legally bound, not only for myself but also for my representatives, assigns, heirs, executors, and administrators. In signing this release, **I WAIVE AND RELEASE EVERYONE CONNECTED IN ANYWAY WITH THIS ACTIVITY FROM ANY AND ALL LEGAL LIABILITY WHICH MAY ARISE FROM THE COMTEMPLATED ACTIVITY BEING HELD AT SAN ANTONIO COLLEGE, San Antonio, Texas or any other location authorized by the operations or directors of this activity.** I also specifically release AOA Sports, Inc, Alamo Sports Foundation, Inc., Viper Volleyball Club and Alamo Community College District, and San Antonio College, their respective staff, board members, employees, contractors, and subcontractors from any and all liability arising out of this activity.

I agree to pay the attorney fees and litigation expenses incurred by any person, real or corporate, whom I may sue in an effort to challenge this Release. I understand that my agreement to pay attorney fees and litigation expenses is the sine qua non, for the acceptance of my entry form.

Signature in full of applicant.

Signature in full of parent/guardian