



## WARRIOR VOLLEYBALL CAMP

### Students Entering Grades 6-12

**Date:** July 18 – July 22, 2011

**Time:**

<b>Session 1</b>	<b>Grades 6-8</b>	5:00 p.m. – 7:00 p.m.
<b>Session 2</b>	<b>Grades 9-12</b>	7:00 p.m. – 9:00 p.m.

**Location:** Cypress Christian School – Gym / Multi-Use Facility  
11123 Cypress N. Houston Road, Houston, Texas 77065

**Cost:** \$95 includes t-shirt, certificates and awards  
Make checks payable to Cypress Christian School

**Camp Director:** Marsha Martin, Athletic Director [Marsha.Martin@CypressChristian.org](mailto:Marsha.Martin@CypressChristian.org)  
Diane Beckmeyer, Varsity Coach  
Emily Hill, Assistant Coach  
John Van Rieg, Assistant Coach  
281.469.8829

Please detach here. Mail or return the lower portion to the CCS office,  
along with your check made payable to Cypress Christian School. Keep the upper portion for your reference.

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Grade Entering \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

School camper will attend in the fall \_\_\_\_\_

Circle one:            Session 1            Session 2

Circle T-Shirt size:    YL   AS   AM   AL   AXL   AXXL

I hereby authorize the directors of the **Cypress Christian Volleyball Camp** to act for me according to their best judgment in any emergency regarding medical attention. This authorization shall waive, release, and absolve the **Cypress Christian Volleyball Camp** and coaches from any liability for injury or illness incurred at the camp.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_