



# Texas Elite



## All Skills Volleyball Camp

txelite.org

Texas Elite will be dedicated to keeping your volleyball skills in fine tune this season. The week of August 3-6 will be the perfect time to get position specific individualized instruction, participate in intense drills, and stay one step ahead of your competition. THE TEVA VOLLEYBALL CAMP WILL BE CONDUCTED BY HEAD COACH DEBBIE JAEHNE (737 WINS & 140 LOSSES) AND HER ASSISTANT COACHES & FORMER COLLEGE PLAYERS. ALL VOLLEYBALL SKILLS WILL BE TAUGHT AS WELL AS OFFENSES AND DEFENSES. HERE ARE SOME OF HER ACCOMPLISHMENTS:

**CYPRESS CREEK HIGH SCHOOL**  
**1989 UNDEFEATED STATE CHAMPS 41 & 0**  
**13<sup>TH</sup> IN THE NATION**  
**1991 & 1992 STATE FINALIST,**  
**1993 UNDEFEATED STATE CHAMPS 42 & 0**  
**5<sup>TH</sup> IN THE NATION, 1996 STATE SEMI-FINALIST**  
**1997 STATE CHAMPS 40 & 1, 8<sup>TH</sup> IN THE NATION**  
**1998 & 1999 AREA CHAMPS**  
**2000, 2001, 2002 & 2004, 2006 REGIONAL**  
**QUARTERFINALIST**  
**3<sup>RD</sup> PLACE FINISH AT JUNIOR OLYMPICS**

**SITE: Cook Middle School**

**3<sup>rd</sup> - 8th grade players**

**Cost: \$160.00      TIME: 5:00pm - 8:00pm**

**DATE: August 3 - 6, 2009**

Questions? Please email Debbie Jaehne @ [deborah.jaehne@cfisd.net](mailto:deborah.jaehne@cfisd.net)  
*txelite.org*

**Send check and registration form to: TEVA-  
9215 SOUTH PASS DR., HOUSTON, TX 77064**

# TEVA 2009 REGISTRATION FORM

GRADES 3-8 August 3 - 6 Camp

## PLAYER INFORMATION PLEASE PRINT CLEARLY

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 \_\_\_\_\_

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

Cost: \$160.00

Mail checks payable to  
TEVA, 9215 SOUTH PASS DR.  
HOUSTON, TX 77064