



# 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 June 8- 11 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  
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**

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.

**SITE: Hamilton Middle School**

**9<sup>th</sup> grade players**

**Cost: \$100.00      TIME: 1:30am -4:30pm**

**DATE: July 27 -30, 2009**

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

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

**REGISTRATION FORM**  
*9th Grade*  
**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\*\*\*\*\***

txelite.org  
Mail checks payable to "TEVA" :  
TEVA- 9215 SOUTH PASS DR.  
HOUSTON, TX 77064