



# Irving PAL



## *Volleyball Camps*

**Hosted By:**



**FREE!!**

**Monday-Thursday**

**9:00-2:00**

**Location of Camp:**

Bowie Middle School

600 E Sixth St

Irving, Texas 75060

Officer Christenson, who will be coaching and running the camps, played 4 years at Baylor University as an outside hitter. Over the years of her playing career in high school and college, she has played each and every position and has solid knowledge of each. She is very technically minded and loves to break down skills. She, also, was blessed to have the chance to play one season in Sweden.

**July 12-15th: ages 11-14**

(6th grade to 8th grade)

**July 19-22nd: ages 15-18**

(9th grade to 12th grade)

**\*Boys and girls are both allowed!**

**REGISTRATION FORM:** (Please complete the entirety of this form)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**PLEASE CIRCLE the camp your child will be attending:**

July 12-5th– ages 11-14 (6th-8th grade)

July 19-22nd– ages 14-18 (9th-12th grade)

**Hours each day:** 9am-2pm

**Proper attire:** Shorts or sweat pants and T-shirt with shoes suitable to play volleyball. Participant's will be required to bring their own daily water bottle.

This is a **FREE** camp. **LUNCH WILL BE PROVIDED!**

**(PLEASE BRING PLENTY OF WATER AND SNACKS!)**

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**>>> Please mail or bring your completed registration form to the address listed below.**

**Mail to:** Irving Police Athletic League

1550 Rock Island Rd.

Irving, Texas 75061

**Scan and Email to:** [achristenson@cityofirving.org](mailto:achristenson@cityofirving.org)

**For more information, please call:** 469-460-3908

**Irving Police Athletic League Waiver for Minor Child**

I, \_\_\_\_\_, am the parent/legal guardian of, \_\_\_\_\_, a minor who desires to participate in the Irving Police Athletic League (IPAL) program. In consideration of the privileges of participation therein and on behalf of said minor, I hereby assume all the risks attendant to the activities of IPAL and release IPAL and the City of Irving, their members, agents, employees, officers, and coaches in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action of whatsoever nature which may arise in any way from the participation of the listed minor child.

I understand that the physical activities/events, baseball, basketball, boxing, physical fitness, soccer, tennis, wrestling, travel to/from events, and urban outdoors program, involve certain dangers, which include the possibility of serious bodily injury and/or death.

I voluntarily and knowingly acknowledge, accept, and assume these risks.

I certify that I am unaware of any physical or medical conditions that would preclude the listed minor child from participating in IPAL activities.

I consent to medical treatment that may be necessary for injury as a result of participation in IPAL activities.

I grant my permission for IPAL and City of Irving to use my or my child's photo or video for any printed or electronic communications, marketing, and advertising materials produced by IPAL or the City of Irving.

I understand that additional waivers/release of liabilities may be required by sponsors of events, owners of athletic facilities or other entities that may be involved in the activities of the IPAL program. I authorize IPAL's representatives to execute any such waivers/releases on my behalf as may be required and such waivers/releases will be as binding on me and the listed minor child as if personally executed by me. This waiver may serve as an additional waiver/release of liability and a copy may be given to sponsors of events, owners of athletic facilities or other entities that are involved in activities of the IPAL program.

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Witness (Coach or Officer Christenson sign here): \_\_\_\_\_