# Santa Fe Team Volleyball Camp

## Presented by Katy Garza

- Camp Features
- 12 hours of training
- Position Specialty Training
- Team Systems
- Ability Grouping: Varsity and Sub Varsity
- Camp T-shirt
- Camp Awards

**Cost:** \$75, make checks payable to <u>Katy Garza</u>

**Dates:** July 25-27 **Times:** 1pm-5pm

**Location**: Santa Fe High School

## **Camp Director**

#### Katy Jameyson Garza - Alvin HS and UT-Austin Graduate

**As a College Player...** 2x SWC Player of the Year, 2x All American, 93 National 'B' Team

As a HS Coach...District coach of the Year 97,99,00, Brazoria County Coach of the Year 98,99,00, All Greater Houston Area Coach of the Year 99, TGCA East All Star Coach 00, Alvin HS State Semifinalist 99,00

Named to the UIL All-Century Team UT Women's Athletics Hall of Honor

#### **Absolute Volleyball Club Co-Director**

National Champions 2009N, 2012N, 2014U, 2016O & 2016A

www.avatexas.com

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Dear Camper,

Registration Form:

Please Print

My name is Katy Garza and I will be the director for your volleyball camp this summer. The dates and times of your camp are <u>July 25-27 1pm-5pm.</u>

The cost is \$75. T-shirt included.

Please make checks payable to **Katy Garza** and fill out the registration form below. Your coach will collect your form and payment.

Name\_\_\_\_\_Age\_\_\_ Phone\_\_\_\_\_ Address\_\_\_\_\_City\_\_\_\_Zip\_\_\_\_ School\_\_\_\_\_\_Grade this fall\_\_\_\_\_ Parent or Guardian \_\_\_\_\_\_Daytime Phone\_\_\_\_\_ For Emergencies Contact\_\_\_\_\_Phone\_\_\_\_ Assumption of Risk/Release from Liability I, the undersigned as the parent or legal guardian of a minor child hereby acknowledge and understand that Katy Garza does not provide medical insurance covering injuries of any nature incurred at the 2022 Katy Garza Volleyball Camp. The undersigned hereby releases Katy Garza and her employees from any and all claims, demands and causes of action whatsoever in any growing out of or resulting from participation of a forenamed child in the 2022 Katy Garza Volleyball Camp. Signature of Parent of Legal Guardian \_\_\_\_\_\_Date\_\_\_\_