2018 BRENDA GRAY VOLLEYBALL CAMPS
at the Home of the Bearkats,
on the Campus of Sam Houston State University in Huntsville, TX.

Overnight Camp I
June 17 - June 20

Overnight Advanced Camp II
July 15 - July 18

STAFF
Camp instructors will be under the direction of Brenda Gray, Head Volleyball Coach at Sam Houston State University for the past 34 years. Gray has amassed 677 career wins, including five conference championships and two NCAA Division I national playoff appearances. She will be assisted by current and former SHSU players and additional qualified staff members.

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OVERNIGHT CAMP DAILY SCHEDULE
7:00 a.m. Breakfast
8:30 a.m. Instruction
11:00 a.m. Lunch
1:30 p.m. Instruction
5:00 p.m. Dinner
7:00 p.m. Activities (crafts, movie, talent show!)
10:30 p.m. Lights Out

ATTR ACTIONS:
* Specialized coaching with low camper/staff ratio
* Camp T-shirt
* Camp volleyball
* Camp MVP award
* Camp All-Star awards
* Camp tournament on final day of Overnight Camps beginning at 10:00 a.m.
* Activities may include swimming, talent show, lip-sync competition, crafts, and/or movie nights
* All overnight campers stay in air-conditioned residence halls on SHSU campus with female counselors on all floors

Sam Houston State University is not the operator of this camp. Brenda Gray is the operator of this camp.

CONTACTS
Brenda Gray  bgray@shsu.edu  (936) 661-2636
Charlie Olson  colson@shsu.edu  (936) 294-3596

To enroll, return enclosed camp application by mail to:

Brenda Gray Volleyball Camp
233 Parkhill Street
Huntsville, TX  77340

All applications for overnight camp MUST include $100 deposit (No Refunds). Campers must have their completed medical/physical form to participate!
Waiver/Release Statement
In consideration of being allowed to participate in any way in the 2018 Brenda Gray Volleyball Camp, the undersigned:
1.) Agrees that the parent(s), and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition and refuse to participate.
2.) ACKNOWLEDGES AND FULLY UNDERSTANDS that each participant will be engaging in ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonable foreseeable at this time.
3.) ASSUMES ALL THE FOREGOING RISK AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES following such injury, permanent disability or death.
4.) RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Brenda Gray Volleyball Camp, Sam Houston State University, the Texas State University System, the camps affiliated clubs, their respective administrators, directors, regents, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as “releases”, from any and all liability to each of the undersigned, his or her heirs and next of kin for any and ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH AND DAMAGE TO PROPERTY, CAUSED IN WHOLE OR IN PARTLY BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5.) You the parent(s) and/or legal guardian(s) of the participant agrees that the participant has no medical condition/problem(s) that would deem him/her medically unable to participate in the aforementioned camp named above.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. Please fill out completely:

- Parent or Guardian (Signature/Relation) __________ Date __________
- Printed Name of Parent/Guardian __________
- Printed Name of Participant __________
- Address of Participant __________

** METHOD OF PAYMENT **
Check or Money Order (Payable to Brenda Gray)
$100 Non-Refundable Deposit _______ or Full Payment ($400) _______
Personal Check/Cashier’s Check _______
Money Order _______ Cashier’s Check _______

*A $25 late fee will be assessed past the deadline.*