

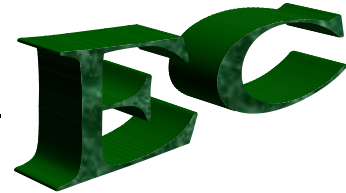
Volleyball Camp

July 24th -26th

5th -8th Grade

2:30pm-4:30pm

@ High School Gym



Cost: \$45.00

For more information contact:
Coach Baker: (409)782-3129

Camper Name: _____
Parent Name: _____
Contact Number: _____

Early-Registration mail to **Coach Baker** : **Please circle one**: Camper Grade:
(2017-2018 school year)

P.O. Box 741 5th grade 6th grade 7th grade 8th grade

Winnie, TX 77665

Early-Registration guarantees shirt sizes

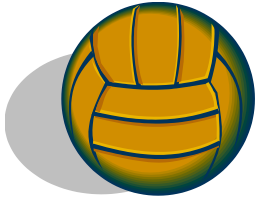
Camper Shirt Size YM YL YXL AS AM AL AXL

Payment: Cash or Check
Please Make Checks Payable to: **Kristy Baker**

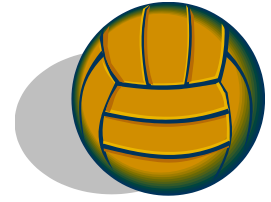
Registration will begin @ 12:00 pm on Monday, July 24, 2017.

Volleyball Camp WAIVER OF LIABILITY





Volleyball Camp



WAIVER OF LIABILITY

I, _____ agree that my child, _____ may participate in the Volleyball camp at East Chambers High School Gymnasium. In consideration of participation in this event, I agree, on behalf of the above named child, her heirs and representatives to fully and forever release, discharge, indemnify, and hold harmless the East chambers ISD and any of its other intitities, its agents, servants, and all employees from any and all claims, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in the referenced event.

I HEREBY AUTHORIZE, IN ADVANCE, ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE-NAMED CHILD PARTICIPATING IN THIS CAMP. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE EAST CHAMBERS VOLLEYBALL COACHES OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE-NAMED CHILD.

PARENT SIGNATURE _____

DATE _____

Registration will begin @ 12:00 pm on Monday, July 24, 2017.

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