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:
P.O. Box 741
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 intitites, 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_________________________________________________________________