Volleyball Camp

July 27th -29th  
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

Please circle one: Camper Grade: (2015-2016 school year)

5th grade  6th grade  7th grade  8th grade

Camper Shirt Size Please circle one: *Early-Registration guarantees shirt sizes *

YM     YL     YXL     AS     AM     AL     AXL

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

Registration will begin @ 2:00 pm on Monday, July 27, 2014.
Volleyball Camp

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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 intitles, 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__________________________________________________________________