

Registration Form – Shiner Catholic School Volleyball Camp 2018

Date: Wednesday, June 6 and Thursday, June 7
Age Group: 6th-8th grade (2018-2019 school year)
Times: 8am-10am

Camp Fee: \$30 (forms received after May 20 may result in not receiving a camp t-shirt)
Site: SPH gym

Complete the following form and mail to: Cardinal Volleyball Camp,
Attention: Coach Kayla Natho
224 August Ave
Shiner, TX 77984

Make checks payable to Kayla Natho

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

T-shirt size: YM YL AS M AL AXL

Age: _____ Grade in August 2018 _____

Parent's/Guardian's Name: _____

Phone (Home) _____ Wk _____

Family Doctor's Name: _____

Family Doctor's Phone #: _____

Medical Release:

I hereby authorize the staff of the camp to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp.

I have no knowledge of any medical problems or physical impairment that would be affected by the below named camper's participation in the camp program.

The on-site certified coach and the nearest medical facility is hereby authorized to render primary medical care to my daughter during the camp.

Assumption of Risk / Release from Liability

I, the undersigned, as the parent or legal guardian of a minor child, _____ hereby acknowledge that the forenamed child is covered by medical insurance as follows: Insured: _____ Company: _____ Policy Number: _____. It is further understood that Shiner Catholic School does not provide medical insurance covering injuries of any nature incurred as the 2018 Cardinal Volleyball Camp. The undersigned hereby releases Shiner Catholic School, its successors, assigns, officers, agents and employees, from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation of the a forenamed child in the 2018 Cardinal Volleyball Camp.

Parent Signature _____

Date _____