



ALL-STAR VOLLEYBALL CAMPS At The Woodlands HS

Camp Dates: June 18th-21st, 2018
Incoming K-4th grade GIRLS AND BOYS, 11:30 am to 1pm, \$75
Incoming 5th—8th grade GIRLS 9am to 11am, \$100
Camp t-shirt included

Don't forget camp theme days!!!

**Monday: Eye dye Tuesday: Twin Wednesday: Crazy sock
Thursday: Favorite Team**

*****Special*****

Sibling discount: take \$15 off each Camp Fee!!!

REGISTRATION FORM:

Grade Level in Fall 2018: _____
Camper's Name: _____
Parent's Name: _____
Parent's Email Address: _____
Parent's Phone Number: _____
Camper's T-shirt Size:(circle one)
Youth-S Youth-M Youth-L ADULT S M L XL

Liability:

In the event of an emergency situation, I hereby authorize the ALL STAR Volleyball camp staff to obtain medical attention for my child. I hereby waive and release both the ASVC staff and CISD from any liability for the injury and/or illness that might occur while participating in this camp. I understand as an active participant in volleyball that an accident or injury may occur.

Parent Signature: _____

Emergency Medical Contact: _____

Physicians Name and Number: _____

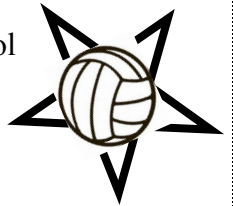
Please list any medical condition that we should be aware of:

* please note that there is no trainer on site

Make Checks Payable to: Terri Wade

Mail To:

The Woodlands High School
Attn: Terri Wade
6101 Research Forest Dr.
The Woodlands, TX 77381



**Deadline for Mail-In Registration is due
Wednesday, June 13th.**

It is an additional \$10 for late registration

CISD Camp Waiver:

Student's Name: _____

Activity: Volleyball

In order for your child to be able to participate in the 2018 camp activities, it is necessary for you to sign this statement indicating your understanding that the district does not cover insurance covering injuries your child may sustain. By my signature, I am informing CISD that I understand that the district is not responsible for any accident or payments resulting from such an accident. In the event of injury to your child, we recognize that CISD, its board of trustees, its agents, and its employees are in no way liable for injuries, medical expense or damage and will have no insurance covering your child. We have made the choice on behalf of our child without any interference from anyone serving or employed by CISD. Dated this ____ day of _____ 2018.

Parent Signature: _____