



# Freshman Volleyball Fish CAMP At The Woodlands HS

**Camp Dates: July 30th-31st, 2018**  
Rising 9th graders  
Time: 9am to 11am AND 1pm to 3pm,  
Cost: \$100

**Location:**  
TWHS Ninth Grade Campus

**REGISTRATION FORM:**

Camper's Name: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Parent's Email Address: \_\_\_\_\_  
Parent's Phone Number: \_\_\_\_\_  
Camper's T-shirt Size:(circle one)

**ADULT   S   M   L   XL**

**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, July 25th.**

**It is an additional \$10 for late registration**

**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

**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:**  
\_\_\_\_\_