

**2017 Volleyball 6th /7th/8th Grade Summer Camp
At Sachse High School
July 24th-26th
8:30-12:30 (snack/lunch break 10:30)**

Camper Name: _____ **Grade** _____

Address: _____ **City:** _____ **Zip:** _____

Parent/Guardian: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Contact Email: _____

Camp Fee is \$60.00, there will be at-shirt included in the camp fee. Please circle a size.

S M L XL XXL

Mail Registration to:
Sachse High School
C/O Rikki Jones
Head Volleyball Coach
3901 Miles Road, Sachse, TX 75048

Emergency Information:

Name _____ **Relationship** _____ **Phone** _____

Liability Release: I, the undersigned hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, the appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all medical costs of medical attention and treatment. I the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Lady Mustang Camp Staff, its officers, agents, employees and representative successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss is due to negligence.

Signature _____ **Date** _____