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Camper's Name:_							Grade (Fall, 2018):					
	T-Shirt Size (circle one):	YS	ΥM	YL	S	М	L	XL				
Parent's Name			_ Parer	nt's E-	Mail:						_	
Parent's F	Phone Number:											
	Make Checks Payable to Asl	nley Fo	arris (Ca	sh/Mc	ney C	order i	Prefe	rred)				
Mail to:	Magnolia High School, ATTN:	Ashle	y Farris	, 1435	0 FM 1	1488,	Magi	nolia, T	X 77354	į		
	Mail-In Registr	ation	Deadlin	e: July	6, 20	18						
	MIS	SD Cai	mp Wai	ver								
Student's Name:							A	ctivity:	VOLLEYE	3ALL		
By my signature, I payments resulting trustees, its agents, no insurance coveri	child to be able to participate of your understanding that the am informing MISD that I und from such an accident. In the and its employees are in no wing my child. I have made the cone serving of, 2018. Par	distric erstar e even ay liak choice g or e	t insura nd that t t of inju ole for ir on beh mployed	nce doon he dist ry to m njuries, alf of m	es not crict is ny chil medi ny chil ISD.	not rod, I recalled	r injur espor cogni pense nout a	ries you nsible fo ze that e, or da any inte	or child mor any ac MISD, its mage an erference	eay sustain cident or s board of d will have e from any	e	
attention for my ch	n emergency situation, I hereb ild. I hereby waive and release might occur while participatir volleyball that ar	e both ng in tl	the LM	VC stat	ff and dersta	MISD nd as	from	any lia	bility for	the injury	,	

\*\* Please Note: There is no trainer on site for this camp. \*\*

Parent Signature:

Physician's Name & Number:

Emergency Medical Contact:

Any Medical Conditions: