

Lady Bulldog VOLLEYBALL

CAMP

FISH
CAMP

JULY 15-17

4:30 - 7:00

\$100 per child

Incoming 9th

VOLLEY
TOTS
CAMP

JULY 15-17

2:00 - 3:30

\$50 per child

Incoming K-4

JUNIOR
HIGH
CAMP

JULY 15-17

2:00 - 4:00

\$75 per child

Incoming 5th-8th

Siblings Attending Camp? Deduct \$20 from Total

REGISTRATION FORM

Camper's Name: _____ Grade (Fall, 2019): _____

T-Shirt Size (circle one): YS YM YL S M L XL

Parent's Name _____ Parent's E-Mail: _____

Parent's Phone Number: _____

Payments: Paypal to afarris@magnoliaisd.org

(add camper's name in "notes" section and mail/email registration form)

OR

Send Cash to: Magnolia High School, ATTN: Ashley Farris, 14350 FM 1488, Magnolia, TX 77354

Mail-In Registration Deadline: June 30, 2019

MISD Camp Waiver

Student's Name: _____ Activity: VOLLEYBALL

In order for your child to be able to participate in the 2019 camp activities, it is necessary for you to sign this statement indicating your understanding that the district insurance does not cover injuries your child may sustain.

By my signature, I am informing MISD 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 my child, I recognize that MISD, 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 my child. I have made the choice on behalf of my child without any interference from anyone serving or employed by MISD.

Dated this ____ day of _____, 2019 Parent Signature: _____

In the event of an emergency situation, I hereby authorize the MHS Volleyball camp staff to obtain medical attention for my child. I hereby waive and release both the LMVC staff and MISD 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: _____

Physician's Name & Number: _____ Any Medical Conditions: _____

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