

# Lady Bulldog VOLLEYBALL

## CAMP

FISH  
CAMP

JULY 22-24

4:30 - 7:00  
\$100 per child

Incoming 9th

VOLLEY  
TOTS  
CAMP

JULY 22-24

2:00 - 3:30  
\$50 per child

Incoming K-4

JUNIOR  
HIGH  
CAMP

JULY 22-24

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](mailto:afarris@magnoliaisd.org) (add camper's name in "notes" section) OR  
Send Cash to: Magnolia High School, ATTN: Ashley Farris, 14350 FM 1488, Magnolia, TX 77354  
Mail-In Registration Deadline: July 12, 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. \*\***