

# VOLLEYBALL SUMMER SKILLS CAMP

Name: \_\_\_\_\_

2<sup>nd</sup> Grade\_\_\_ 3<sup>rd</sup> Grade\_\_\_ 4<sup>th</sup> Grade\_\_\_ 5<sup>th</sup> Grade\_\_\_ (8:00-9:30)

6<sup>th</sup> Grade \_\_\_ 7<sup>th</sup> Grade\_\_\_\_\_ 8<sup>th</sup> Grade\_\_\_\_\_ (10:00-11:30)

**(Daughter's grade level for the 2024-2025 school year)**

T-Shirt Size: **Youth** - M L XL **Adult**- S M L XL

Parent/Guardian: I verify that my daughter has received a physical examination (2024-2025) and is able to participate in volleyball camp. I give permission for my daughter to be treated by the appropriate medical personnel for any illness/accident while at camp.

I can be reached by phone at: \_\_\_\_\_.

Please indicate any special medical problem (medicine, injury, and allergies), which we should be aware of:

\_\_\_\_\_

The undersigned (parent/guardian) understands that the volleyball camp will consist of physical activities that contain an inherent risk of physical injury and assumes the risk and releases the Waterloo Community School District #5, its coaches and employees and guest coaches from any and all liability for injury arising from daughter to attend the skills camp. I affirm that my child is in good physical health and has health and accidental coverage.

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

**For questions, contact Coach Crawford @ [acrawford@wcusd5.net](mailto:acrawford@wcusd5.net) or 618-719-4465. Please turn in money and waivers by May 6 to the WHS: 505 E Bulldog Blvd.**