

Volleyball Summer Skills Camp

Camper Name: _____

Grade level (2026-2027 school year) _____

Parent/Guardian: I verify that my daughter has received a physical examination (2026-2027) 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.

Please use the below link to register and order the camp t-shirt.

https://docs.google.com/forms/d/e/1FAIpQLScrBNXuDdff3RJkb8RUE_nW-Ze0inImBHKcEzbX2UAHq6vMgQ/viewform?usp=publish-editor

Please print Parent initials to confirm online registration and t-shirt order is completed: _____ (Due May 11, 2026)

Please drop off or mail this form and the \$75.00 payment to **WHS: 505 E Bulldog Blvd. No late registration after May 29.**

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Date: _____