

IMMACULATE CONCEPTION CATHOLIC SCHOOL



2016 LADY KNIGHTS in TRAINING SUMMER VOLLEYBALL CAMP

WHO:

Girls

Incoming grades 3-5

WHEN:

JUNE 6-9th (Monday-Thursday)

TIME:

9 am-12 pm

(doors open at 8:30 every day)

WHERE:

ICCS Gymnasium with Coach K and Coach Rocha

**Come have fun sharpening your skills during this exciting
camp opportunity!**

**Please return your permission form
and \$50 check to the school office or Coach K.
Make checks payable to Kristina Briones.**

Deadline to turn in your form is Friday, May 6, 2016.

PLEASE RETURN CONSENT FORM BELOW TO ICCS OFFICE OR COACH K.

For questions or more information, e-mail Coach K at kraebriones@gmail.com

My Child _____ plans to attend the **LADY KNIGHTS in TRAINING VOLLEYBALL CAMP**. Enclosed is the non-refundable camp fee of \$50.00. **Make Checks Payable to Kristina Briones.**

Waiver & Medical Consent Form

I, the parent /guardian of _____ (participant's name), hereby release Immaculate Conception Catholic School, the Catholic Diocese of Fort Worth and their employees and volunteers, and waive all responsibility on their part for any liability with respect to travel and/or sports participation for my child named above and /or any loss of property that may occur at such a time. This waiver and release extends to all practice sessions, travel to and from the activity, and participation in the activity, and shall release the Catholic Diocese of Fort Worth and their employees and volunteers from any liability except for gross or willful negligence with respect to an injury to the above participant. If, in the judgment of any representative of the school, the above named participant should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given said participant by a physician, trainer, nurse, or school representative, and I do hereby agree to indemnify and release Immaculate Conception Catholic School, the Catholic Diocese of Fort Worth and their employees and volunteers from any and all claims by any person whomever on account of such care and treatment of said participant.

The participant has: ____ no known allergies to medications / ____ is allergic to the following medication(s):

Family Doctor: _____ (____) _____

Doctor's Phone Number

I hereby request that my child be allowed to participate in the Volleyball Camp. **MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THE MEDICAL CONSENT, AND THE APPLICATION AND WAIVER FORM.** I agree that the releases, the indemnity, and the other agreements contained in this document are a part of the consideration for the child being allowed to attend camp/league.

_____ Date _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Home Telephone _____

Business Telephone _____

Emergency Contact Person _____

Emergency Contact Number _____

E-mail Address _____