

Oak Ridge VOLLEYBALL CAMPS At Oak Ridge HS

Don't forget camp theme days!!!

Monday: Tye dye

Tuesday: Twin

Wednesday: Crazy sock

Thursday: Favorite Team

Camp Dates: July 23rd – 26th, 2018

Incoming 3rd – 7th grade GIRLS 8:00 am to 10:00 am

Incoming 8th – 9th grade GIRLS 10:30am to 12:30pm

Camp t-shirt included

**\$75 Early Registration before May 31st
\$90 Walk ups**

**Make Checks Payable to: ORHS Sports
Booster Memo: Volleyball
Mail to: Oak Ridge High School
27330 Oak Ridge School Rd
Conroe, TX 77385**

REGISTRATION FORM:

Grade Level in Fall 2018: _____

Camper's Name: _____

Parent's Name: _____

Parent's Email Address: _____

Parent's Phone Number: _____

Camper's T-shirt Size: (circle one)

Youth-S Youth-M Youth-L ADULT S M L XL

CISD Camp Waiver:

Student's Name: _____

Activity: Volleyball

In order for your child to be able to participate in the 2018 camp activities, it is necessary for you to sign this statement indicating your understanding that the district does not cover insurance covering injuries your child may sustain. By my signature, I am informing CISD 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 your child, we recognize that CISD, 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 your child. We have made the choice on behalf of our child without any interference from anyone serving or employed by CISD. Dated this ____ day of _____ 2018.

Parent Signature:

Liability:

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

Physicians Name and Number: _____

Please list any medical condition that we should be aware of:

* please note that there is no trainer on site