

CONSENT FORM

Consent to Medical treatment and Release of Liability

I hereby certify that my child is physically fit to participate in the SPRAYBERRY Volleyball Booster Club Summer Camp. I further state that the Sprayberry Volleyball Booster Club Summer Camp is not responsible for pre-existing illnesses or injuries, prior to the first day of camp.

I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my daughter should she be injured.

I understand that I shall assume all financial responsibilities for the care of my child. All medical bills shall be sent directly to my residence.

Parent or Guardian Signature
(Required to participate)

Date

Insurance Company and Policy Number
(Required to Participate)



SPRAYBERRY SUMMER VOLLEYBALL CAMP

June 3rd – 5th 2019

4:00pm-7:00pm



Rising 4th – 12th Grade

Sprayberry High School Main Gym

Sprayberry Volleyball Camp 2018

Instructed by Sprayberry High School Coaches and returning players.

The camp will cover passing, setting, serving, hitting, and defense.

Cost: \$115

Campers will receive a camp T-shirt (Cannot guarantee shirt if register at door)

Campers should wear a t-shirt, spandex or athletic, shorts, court shoes, knee pads (if have them) and bring a water bottle with their name on it.

Make your check payable to:

Sprayberry HS Volleyball Booster Club

Questions? Contact us at Sprayberryvb@gmail.com.



2018 SHS Volleyball Summer Camp Registration

Full Name

Address

City

State

Zip

Which middle school do/did you attend?

Grade in Fall 2018

Parent Name (s)

Parent Email (s)

Parent Cell #(s)

-shirt size---please circle one:

Youth- 10/12 14/16

Adult-Small Medium Large X-Large