

# Granger Lady Lion Volleyball Camp

- **July 26th-28th** for In-Coming 3rd – 9<sup>th</sup> Graders in Granger Gym
- **9:30am – 11:00am**
- **Cost \$35 (Make check payable to: Granger Volleyball)**
  - Return to School Office or Registration First Day of Camp.
- **Remember to bring appropriate shoes, knee pads if you have them and a Water Bottle.**

Participant Information	Participant Information
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
In-Coming Grade: ____	In-Coming Grade: ____
Parent Name – Please Print: _____	Parent Name – Please Print: _____
Participant Information	Participant Information
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
In-Coming Grade: ____	In-Coming Grade: ____
Parent Name – Please Print: _____	Parent Name – Please Print: _____

## **Authorization of Consent to Treatment of a Minor and Release of Liability**

I, the undersigned parent of \_\_\_\_\_, a minor, do hereby give permission for Granger High School, its officers, employees, trainers, and any hospital physician to act in their best judgment in any emergency requiring medical attention. I hereby waive and release Granger High School, its officers, employees, trainers, and any hospital physician from any and all liability, from necessary medical treatment given to my child. It is our understanding that we will be contacted in the event of illness or injury if at all possible. I also understand and am aware that there are obvious dangers/risks inherent with participation in this program, including, but not limited to injuries sustained through a fall, bruises, sprains, muscle strains, fractures and head injuries, or loss/damage of personal property, and I voluntarily agree to assume such risks.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Cell Phone