

Fillie Volleyball Camp
Incoming 7th-12th graders
July 25th-27th
9am-Noon
High School Gym
\$65
T-shirt included

We will be covering all fundamental skills of volleyball in competitive game situations.

Please pre-register to guarantee a t-shirt. Make checks payable to Danielle Robison. If you have any questions please contact me.

d-robison@shepherd.k12.mt.us

**VOLLEYBALL CAMP LIABILITY FORM- PLEASE
RETURN WITH CHECK ASAP**

camper's Name: _____

Grade: _____

Guardian Name: _____

Emergency Number: _____

T-SHIRT SIZE: _____

LIABILITY release and Parental consent form in consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Shepherd Athletics, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. Parental consent (complete if applicant is under 18) I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

consent for treatment I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Shepherd Athletics will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

_____ Guardian Signature _____ Date