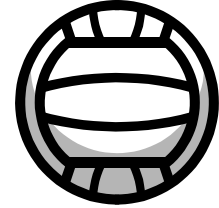
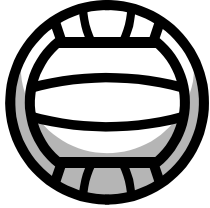


# **Bulldog Volleyball**

## **Camp**



**WHERE:** Bandera High School

**WHO:** Incoming 9th graders (09-10)

**WHEN:** July 30th — July 31st 8am—12pm

**FEE:** \$20 (*includes t-shirt*)

**REGISTRATION:** Please complete the registration form below, staple cash or check to form and return by **JUNE 1st**.

**Mail to:** Bandera Volleyball Camp

**PO BOX 727 Bandera Tx 78003**

**Or DROP off at Bandera HS or Bandera MS**

**\*\* Please make checks payable to — BHS Athletics - Registration forms and money need to be received by Monday, June 1st.**

**Player's Name (print)** \_\_\_\_\_

**Grade** \_\_\_\_\_ **(FALL 2009)**

**T-shirt Size (*circle one*):** YS YM YL AS AM AL XL

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

Assumption of Risk/Release of Liability

It is understood that Bandera ISD does not provide medical insurance covering injuries of any nature incurred in the Bandera volleyball camp. The undersigned hereby releases Bandera ISD, its successors, officers, agents, and employees from any and all claims, demands, and causes of action whatsoever in any way growing out of, or resulting from, participation in the volleyball camp. All participants should be covered by their own insurance policies.

I certify that \_\_\_\_\_ has my permission to participate in the Bandera H.S. volleyball camp.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Consent for Treatment of a Minor

I, the undersigned, as parent or legal guardian of a minor child, hereby authorize the staff of the Bandera volleyball camp to act for me, according to their best judgment, in the case of any emergency requiring medical attention for my child.