

Name _____ Parent's Name _____ Incoming Grade Level _____

Phone Number _____ Name of Insurance Company _____

T-Shirt Size: _____ I certify that _____ has my permission to participate
(circle your choice) in the Sharyland H.S. Volleyball camp. I authorize the coaching staff to act on my behalf and use their
Adult: S M L XL best judgment in case of an emergency. I hereby waive and release Sharyland ISD and its employees
Youth: S M L XL from liability of any possible injury. I know of no physical or mental problems that may affect my
child's ability to participate safely in the camp. _____

Parent's Signature _____