

ANNUAL MUSTANG VOLLEYBALL CAMP



WHEN: August 1st thru August 3rd

TIME: Grades 5-8 – 5:00pm – 6:30pm

Grades 9-12 – 6:00pm – 8:00pm

WHERE: Heppner High School Gym

COST: \$25.00 PER CAMPER

Name: _____ **Grade:** _____

Parent/Gaurdian _____

Address: _____

Phone #: _____

Medical Ins. (Company & No.) _____

Participant Agreement:

In consideration of _____ being accepted as a participant in the volleyball camp, and for other valuable consideration, the undersigned parent or legal guardian of said participant hereby releases and forever discharges Mindy Wilson, Carri Haguewood, Terri Gentry, Danielle Eberhart and all other assistants and staff members of the volleyball camp from any and all liability of any kind or nature arising out of injury sustained by the above named participant, while participating in said volleyball camp, including but not limited to injuries arising from the program activities exercises, The undersigned agrees and understands that all participants shall be expected to follow the reasonable instruction and direction of Mindy Wilson and all camp staff and assistants. It is further agreed that if, as a result of such participation, medical treatment on an emergency basis is a necessary, and if the directors and/or the staff of the camp are unable to contact me for my consents, I hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the existing circumstances.

DATE: _____

PARENT/GAURDIAN SIGNATURE: _____