

North East ISD Athletic Department VIRGIL T. BLOSSOM ATHLETIC CENTER

WAIVER OF LIABILITY FORM SUMMER CAMP/RECREATION PROGRAM

In consideration of my child's voluntary participation in the North East Independent School District Athletic Department's Summer Camp Program, which includes use of its facilities and/or equipment, and in addition to the payment of any fee associated with this participation, I do hereby agree to waive, release and forever discharge the North East Independent School District, its trustees, employees, agents, and representatives from any and all responsibility or liability, under state and/or federal law, for any injuries and/or other damages resulting from my child's participation in the Summer Camp Program. This participation includes any organized or individual activity that is part of the Summer Camp Program, including but not limited to preparation sessions, workouts, and meetings. I hereby acknowledge and understand that this waiver of liability extends to claims by me, my child, and/or any other parent or legal guardian of my child.

My signature below certifies that I understand and accept the conditions and waiver as explained above.

PARENT OR GUARDIAN'S SIGNATURE

DATE

PARENT OR GUARDIAN'S PRINTED NAME

STUDENT ATHLETE'S NAME

SCHOOL



4th- 9th Grade

TUESDAY - THURSDAY

8:00 am - 11:30 am

<u>Please bring:</u> *Towel and hat /visor *Water Bottle *Cleats and glove *Wear T-shirt and pants or shorts On the last day- towel and change of clothing we will be getting wet!

MESSAGE FROM THE COACHES

We encourage all incoming Madison athletes to attend this summer camp. Camp is a great way to improve your skills for upcoming tryouts and it will let you know what to work on over the summer. Also, summer camp will allow you to meet your coaches for the upcoming year. The proceeds from this camp goes directly to the softball program. We look forward to meeting you and helping you reach your goals! Please complete all information, sign the waiver on the back, and mail this half page with payment to:

> Madison High School C/O Laurie Friesenhahn 5005 Stahl Road San Antonio, TX 78247

Make check payable to Madison Softball

Softball Camp \$60.00

Athletes Name:	
Address:	
Parent's Name:	
Emergency Contact Numbers: Name	
Ν	lumber
Circle Grade for the <u>upcoming</u> (2019-2020) School Year	
4 th 5 th 6 th 7 th 8 th 9 th	
Circle T-shirt Size: Adult or Youth	
Small Medium I	Large X-Large

Have a GREAT SUMMER!!!!!

Camp Enrollment Form