

S.H.D.H.S. VOLLEYBALL CAMP

JUNE 16th-19th (Mon.-Thurs.) for Grades K-4
At Mary Queen of Heaven

1ST SESSION: 8:15-10:15am for girls entering grades 3rd & 4th (\$55)
2ND SESSION: 10:30-12 pm for girls entering grades K, 1st & 2nd (\$50)

JUNE 16th-19th (Mon.-Thurs.) for Grades 5-8
At St. Henry District High School

3RD SESSION: 8:15-10:15am for girls entering grades 5th & 6th (\$60)
4TH SESSION: 10:30-12:30 pm for girls entering grades 7th & 8th (\$60)

COMPLETE FORM & RETURN FEE TO:

S.H.D.H.S.
C/O MAUREEN KAISER
3755 SCHEDBEN DR.
ERLANGER, KY 41018

REGISTRATION DEADLINE
IS MAY 15TH.

*FEE IS INCREASED BY \$5
AFTER DEADLINE.*

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NAME _____ ENTERING GRADE K 1 2 3 4 5 6 7 8
ADDRESS _____ PHONE _____
PARENT/GUARDIAN _____ CELL PH _____
T-SHIRT SIZE YOUTH S M L ADULT S M L

PERMISSION AND WAIVER FORM

I, THE UNDERSIGNED, DO HEREBY GIVE MY PERMISSION FOR MY DAUGHTER TO PARTICIPATE IN THE S.H.D.H.S. VOLLEYBALL CAMP. IN CASE OF ACCIDENT OR ILLNESS, I REQUEST THAT I AM CONTACTED. IF UNABLE TO BE REACHED, I GIVE AUTHORIZATION TO CALL THE PHYSICIAN INDICATED BELOW AND FOLLOW HIS/HER INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN, THE CAMP STAFF MAY MAKE WHATEVER ARRANGEMENTS ARE NECESSARY.

PHYSICIAN'S NAME _____ PHONE # _____
ADDRESS _____

ARE THERE ANY SPECIAL MEDICAL CONDITIONS OF WHICH WE NEED TO BE MADE AWARE OF? _____

I UNDERSTAND THAT NEITHER S.H.D.H.S. NOR THE CAMP STAFF CAN BE HELD LIABLE FOR ANY ACCIDENT OR INJURY THAT MAY OCCUR DURING THE COURSE OF THIS CAMP. I ALSO ATTEST TO THE FACT THAT MY DAUGHTER IS COVERED BY INSURANCE AND I UNDERSTAND THAT FINANCIAL OBLIGATIONS INCURRED FOR MEDICAL SERVICES RESULTING FROM AN INJURY RECEIVED BY MY DAUGHTER WHILE PARTICIPATING IN THIS CAMP CANNOT BE BORNE BY THE SCHOOL OR CAMP STAFF.

PARENT'S SIGNATURE _____ **DATE** _____