

LIL' WILDCATS VOLLEYBALL CAMP 2009

Lil' Wildcats Volleyball Camp Registration and Release

Name of player_____

Street Address_____

City, State, Zip_____

Phone_____

School Grade _____

School_____

(Please type or print with ink only)

In consideration of being allowed to participate the undersigned acknowledges, appreciates and agrees that:

1. The risk of serious injury does exist
2. My child knowingly and freely assumes such risks
3. My child willingly agrees to comply with the stated and customary terms and conditions for participation. IF she observes any unusual hazard during participation, she will remove herself from participation and bring such to the attention of the nearest official.
4. I approve of my child's attendance at Lil' Wildcats 2009 Volleyball camp taking place at Mount Si High School. I release and hold harmless Mount Si HS and their officers, officials and employees. I certify that my child is in good health and able to participate in the programs activities. I am __ am not__ attaching a note explaining special physical limitations and/or required medication, if any.

Signature of Parent or Guardian

Date

Any questions about the camp you can email @ footeb@svsd410.org or 253-569-8075 and ask for Bonnie Foote (head coach MSHS) Thanks!