

GIRLS POWER CAMP & SPORT SPECIFIC TRAINING 2021 TAFT HIGH SCHOOL

Power Camp & Sport Specific Training will be held at Taft HS, run by the Coaches at Taft! All incoming 9th graders and high school student athletes zoned to or enrolling at Taft HS or Communication Arts HS are welcome. Each sport will be running their own strength and conditioning and sport specific training. See the schedule below for each sport. For more information, contact Taft Athletic Assistant Coordinator Kelli Goble or the Head Coaches of the sports you're interested in. *You will be Coached and Pushed Daily by Highly Qualified Coaches at Taft High School!*

Camp dates:

Week 1- June 14th-17th Basketball 8-10 am, Volleyball 8-10 am

Week 2- June 21st-24th Basketball 8-10 am, Volleyball 8-10 am

Week 3- June 28th-July 1st Basketball 8-10 am, Volleyball 8-10 am

Week 4- July 12th-15th Basketball 8-10 am, Volleyball 8-10 am

Week 5- July 19th-22nd Basketball 8-10 am, Volleyball 8-10 am

Week 6- July 26th-29th Basketball 8-10 am

- Open weight room Monday - Thursday 10:00 - 11:00 am, for any softball, track, cross country, or tennis athletes, time subject to change.
- Soccer will be having power camp and skills training from July 5th-Aug. 13th on Mondays, Wednesdays and Thursdays from 6:00-8:00 pm.

The cost is \$75 dollars per kid, covers the entire 6 weeks of camp and sport specific training! If you have any questions regarding payment or need an extension in order to pay, contact Kelli Goble at (210) 397-6057 or at kelli.goble@nisd.net. Camp tuition is Non-Refundable. *You won't find a better deal in town!!*

MAKE CHECKS PAYABLE TO: TAFT HIGH SCHOOL

Mail or drop off the bottom portion of this flyer along with payment to:

Kelli Goble, Head Basketball Coach/Assistant Athletic Coordinator

11600 Culebra, San Antonio, TX 78253

Phone: (210) 397-6060



REGISTRATION FORM

NAME: _____ AMOUNT ENCLOSED TODAY: \$ _____

GRADE YOU WILL BE IN 2021-2022: _____ SCHOOL YOU ATTENDED 2020-2021: _____

PARENT'S NAME: _____

PARENT'S WORK#: _____ EMERGENCY#: _____

INSURANCE CO: _____ POLICY# _____

Northside ISD

CONSENT TO STUDENT ACTIVITY PARTICIPATION & MEDICAL TREATMENT FORM

Northside ISD is proud to offer the opportunity for our students to participate in the _____ (describe event). We ask that you read and sign this form as a condition of participation in the activity.

PLEASE NOTE THAT THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE OF LIABILITY FOR INJURIES OR DAMAGES SUFFERED AND AN AGREEMENT TO INDEMNIFY NORTHSIDE ISD FOR CLAIMS ASSERTED AS A RESULT OF SUCH INJURIES OR DAMAGES. IF YOU HAVE QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU ARE ENCOURAGED TO CONSULT LEGAL COUNSEL.

I, as (parent or guardian) of _____, desire that my (child or ward) participate in _____ (describe the event) and grant permission for my (child or ward) to participate in and attend. I realize that any event involves some possible inherent risk of injury to my child/ward.

I voluntarily, knowingly and intentionally recognize acknowledge and accept the risk and hazards associated with the subject program activities and agree to protect, defend, indemnify and save the NISD harmless from and against all claims, demands and causes of action of every kind and character, losses, costs, expenses and attorney's fees and damages of every kind and any party or parties, including the negligence of the NISD and the activity sponsor whether such negligence be sole, joint or concurrent, for property damage or loss, bodily injuries, emotional distress or death, or any other causes of action arising out of or in connection with the program activities.

I further understand that, as a parent or legal guardian, I may be held responsible if my child or ward causes bodily injury to other individuals, causes property damage to personal or real property, or engages in conduct that gives those individuals harmed the right to restitution. In the event third parties bring claims resulting from my child's/ward's actions, I understand as the parent or legal guardian I will be financially responsible

Please check one or both, as appropriate, and then sign:

Consent to Medical Treatment

Thereby authorize the sponsors for this event, on behalf of Northside Independent School District, in the case of a medical emergency during the event, to consent to medical treatment of my child or ward, _____ (name of child or ward).

Consent to Administration of Medications

I hereby request the sponsors for this event to administer to my child the medications listed on this form. I recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication, all of which remain my responsibility. I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

My child/ward is allergic to:

My child/ward has the following special medical conditions:

My child/ward takes the following prescription medications:

The District does not assume financial responsibility for injuries sustained in any school sponsored event. The District does not carry insurance on students. Before participation in school related activities, parents/legal guardians are encouraged to purchase the Student Accident Insurance made available at the beginning of each school year and throughout the school year.

I understand that this release will bind me, my assigns, my personal representatives, and my heirs. I have read and understood this Consent to Student Activity Participation and Medical Treatment and have signed it voluntarily with full knowledge of its significance, in valuable consideration of my child's/ward's participation in the event.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Student Signature (required if Student is 18 or older) Date

The following individuals may be contacted at the numbers below if I am not available in case of an emergency:

Name (please print)

Phone number

Name (please print)

Phone number