



CAMP 2021

Incoming 6th, 7th, and 8th

The camp will be run by the Taft Volleyball Coaching Staff. Our camp will focus on the fundamentals and the philosophy of the Taft Raider Volleyball Program. We will split you into groups based on your age and skill level.

Camp date: June 7th-10th

Time: 8:00-10:00 AM

Location: Taft High School

Cost: \$25.00

***T-Shirts will be offered at the door for \$10.00
ALL campers will register at the door that day.**



Registration will be taken at the
door
Taft High School
Attn: Volleyball
11600 Culebra
San Antonio TX 78253



Name: _____ Incoming Grade _____

Address: _____ Zip: _____

Parents Name: _____

Phone Number: _____ Emergency: _____

Contact Email: _____

Middle School Attended 2020-21 School Year _____

T-Shirt Size (Adult)- Small Medium Large XL

Please have this registration form, the consent to student participation form, and payment ready upon walking in to camp. This will ensure we are able to begin camp in a timely manner.

For more information please feel free to contact kaelen.morrow@nisd.net

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

I hereby 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