

HIGHTOWER HS 9TH VOLLEYBALL CAMP

Cost: \$60 per player/\$30 for free/reduced lunch

Who: 9th graders attending Hightower HS in 2021-2022

When: July 28th – 29th 5:00 pm to 8:00 pm (Wed-Thur)

Where: Hightower Gym – 3333 Hurricane Ln Missouri City, TX 77569

What: Volleyball fundamental skills camp

Campers are taught the fundamentals of the game of volleyball, ball control, specific volleyball movements and enjoy games. The camp will be from 4:00 pm-7:00 with breaks throughout. Campers should be picked up promptly at 7:00pm from the Hightower Gym. You may register in advance or bring your form the day of camp. All athletes will need a signed registration/ waiver form before they are able to participate in the camp.

COVID-19 Guidelines will be enforced:

- Must wear a face mask; may take off when physically active
- Bring own water bottle
- 3 feet social distancing will be enforced

Please contact Toni Santiago (information below if you have any questions)

Email: antoINETTE.santiagORhodes@fortbendisD.com

Work: 281-634-5298



LADY CANES HHS VOLLEYBALL CAMP

REGISTRATION FORM AND WAIVER Player/Parent Information

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Grade: _____ School you Attend: _____

Have you played volleyball before? YES or no If so, where? _____

Parent Name: _____

Parent Work Phone: _____ Parent Cell Phone: _____

FORT BEND INDEPENDENT SCHOOL DISTRICT RELEASE AND WAIVER OF RIGHTS

By this agreement, I hereby release FBISD, its officers, directors, elected officials, appointed officials, employees, servants, agents, attorneys, insurance carriers and self-insurance pools ("releases"), and waive any rights I may have against said school district or any above mentioned parties for any mental or physical injury or death to my child, me, or damage to my personal property, whether caused by releases' negligence or otherwise, while participating in this program/activity of the FBISD. I acknowledge and understand that my participation/my child's participation in this program/activity may be dangerous at any of the above mentioned levels. I acknowledge that FBISD does not derive any benefit from my participation. Further, I acknowledge that the decision is purely my choice and is made with full knowledge of the extent of the danger in so-doing and a full waiver of any rights to any claims for mental or physical injury or death, or property damage which may result.

I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER OF RIGHTS/AGREEMENT TO PARTICIPATE

SIGNATURE OF PARENT _____ SIGNATURE OF STUDENT _____

PRINTED NAME _____ Dated this _____ day of _____ 2017

MEDICAL RELEASE I hereby allow _____ (child's name) to participate in the FBISD Hightower Summer Volleyball Camp. I know of no mental or physical problems which may affect my child's ability to safely participate. I realize that volleyball is a physical activity involving contact. I therefore accept responsibility for my child's physical condition. I hereby promise and agree that I will not hold FBISD Hightower Summer Volleyball Camp nor its employees liable for any loss, damage, or personal injuries received as a result of participation. I hereby authorize the directors and staff of the FBISD Hightower Volleyball Camp to act for me in accordance with their best judgment in any emergency requiring medical attention. Furthermore, I hereby release the FBISD Hightower Volleyball Camp and its agents and its staff from any and all liability for any injuries or illnesses that may arise during the volleyball camp. I understand and assume the hazards and risks associated with this activity and waive all claims against the FBISD Hightower Volleyball Camp and its staff.

I have read and understand the waiver and release X _____

Signature of Parent or Guardian Date Signature of Camper Date

Emergency Contact: _____

Emergency Phone #: _____

Medical Insurance Company: _____

Policy Holder and Number: _____