



Edgewood Volleyball Summer Camp

2024

DETAILS:

Date: Monday - Thursday, June 10 - 13
 Time: 9:00 AM - 12:00 PM
 Who: Incoming 3rd - 9th Grade
 Where: High School Gym
 Price: \$50

REMINDERS FOR CAMPERS:

Bring a drink, water fountains will be available to FILL UP your containers only. Do not wear outside shoes on the gym floor.

CAMPER INFORMATION

Name: _____

DOB: _____

Grade (24 - 25 school year): _____

Shirt Size: YS YM YL YXL AS AM AL AXL

PARENT'S CONSENT FORM

I do hereby approve my child's participation in Edgewood Summer Camps. I certify that my child is in good health and able to participate with no limitations (unless otherwise noted). In the event that a medical emergency occurs and I am not on the premises or cannot be contacted, I give permission to secure medical attention.

District release of liability: In consideration of its use of the Edgewood Independent School District facilities, the undersigned organization agrees that the Edgewood Independent School District, its Board of Trustees, Agents, Employees, and Representatives shall not be liable to the undersigned for damage to any person or property regardless of whose negligence or acts of omission cause such injury or damage. The undersigned agrees to indemnify and hold harmless the Edgewood Independent School District, its Board of Trustees, Agents, Employees, and Representatives from all suits, actions, claims, expenses, including attorney's fees and damages of any character, type of persons or property arising out of or occasioned by the use of the premises by the undersigned, its Agents, Patrons, Visitors, Guests, Representatives, Employees, or other persons allowed on the premises by the undersigned during the time set forth in the facility use agreement. The undersigned hereby waives all defects that may exist on the premises to be used by the undersigned.

Parent Name: _____

Parent Signature: _____

Contact Phone: _____

Address: _____



CONTACT INFORMATION:

For questions, contact Ashley Hagood, ahagood@edgewood-isd.net.
 Make checks payable to Ashley Hagood. Checks may be mailed to Ashley Hagood, 804 E. Pine St, Edgewood, TX 75117
 Walk-up registration is accepted.

STAFF USE ONLY:

Payment Type

Date Turned In