

Participation Waiver

Print Student's Name:	
Grade Level 2025-2026 School Year:	
Emergency Phone Contacts	
Name:	_ Number:
Name:	_ Number:
Recognition and Assumption	on of Risk Agreement and First Aid Release
Necognition and Assumption	m of Kisk Agreement and First Ald Kelease
I, the undersigned parent/legal guardian, au	uthorize my child's full participation in the CSHS Football Camp. It is
my understanding the participation in the	ne sports camp is not without some inherent risk of injury. In
consideration of my child's participation in	the camp, I will not hold Carrizo Springs CISD and/or its athletic
employees. I release, waive and discharge	said parties from any and all liability, claims, and demands. I also
give my permission for any immediate fir	rst aid care the coach or trainer may have to administer and; if
necessary, call for emergency medical care	

Date

Parent's Signature



Participation Waiver

Print Student's Name:		-	
Grade Level 2025-2026 School Year:			
Emergency Phone Contacts			
Name:	Number:		_
Name:	Number:		_
Recognition and Assump	ption of Risk	Agreement and I	First Aid Release
I, the undersigned parent/legal guardia	an, authorize my child	I's full participation in the	CSHS Basketball Camp. It
is my understanding the participation	n in the sports cam	np is not without some	inherent risk of injury. In
consideration of my child's participation	on in the camp, I wil	II not hold Carrizo Spring	s CISD and/or its athletic
employees. I release, waive and disch	narge said parties fro	om any and all liability, cla	aims, and demands. I also
give my permission for any immedia	te first aid care the	coach or trainer may h	nave to administer and; if
necessary, call for emergency medical	care.		

Date

Parent's Signature



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Name:	Number:
Name:	Number:
Recognition and Assumpti	on of Risk Agreement and First Aid Release
I, the undersigned parent/legal guardian, a	authorize my child's full participation in the CSHS Volleyball Camp. It
is my understanding the participation in	n the sports camp is not without some inherent risk of injury. In
consideration of my child's participation i	in the camp, I will not hold Carrizo Springs CISD and/or its athletic
employees. I release, waive and discharg	je said parties from any and all liability, claims, and demands. I also
give my permission for any immediate f	first aid care the coach or trainer may have to administer and; if
necessary, call for emergency medical care	·e.

Date

Parent's Signature