



***Carrizo Springs High School
Football Camp***

Participation Waiver

Print Student's Name: _____

Grade Level 2025-2026 School Year: _____

Emergency Phone Contacts

Name: _____ **Number:** _____

Name: _____ **Number:** _____

Recognition and Assumption of Risk Agreement and First Aid Release

I, the undersigned parent/legal guardian, authorize my child's full participation in the CSHS Football Camp. It is my understanding the participation in the 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 first aid care the coach or trainer may have to administer and; if necessary, call for emergency medical care.

Parent's Signature

Date



***Carrizo Springs High School
Basketball Camp***

Participation Waiver

Print Student's Name: _____

Grade Level 2025-2026 School Year: _____

Emergency Phone Contacts

Name: _____ **Number:** _____

Name: _____ **Number:** _____

Recognition and Assumption of Risk Agreement and First Aid Release

I, the undersigned parent/legal guardian, authorize my child's full participation in the CSHS Basketball Camp. It is my understanding the participation in the 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 first aid care the coach or trainer may have to administer and; if necessary, call for emergency medical care.

Parent's Signature

Date



***Carrizo Springs High School
Volleyball Camp***

Participation Waiver

Print Student's Name: _____

Grade Level 2025-2026 School Year: _____

Emergency Phone Contacts

Name: _____ **Number:** _____

Name: _____ **Number:** _____

Recognition and Assumption of Risk Agreement and First Aid Release

I, the undersigned parent/legal guardian, authorize my child's full participation in the CSHS Volleyball Camp. It is my understanding the participation in the 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 first aid care the coach or trainer may have to administer and; if necessary, call for emergency medical care.

Parent's Signature

Date