

FREEMAN HIGH SCHOOL

# VOLLEYBALL CAMP

**When: June 1st-June 4th—3-5pm**

**Where: Freeman Middle School**

**Cost: \$45 per person (T-shirt included)**

**Ages: K-6**

T-shirt size circle one: (Youth) S M L XL Adult S M L XL

Name:

Grade:

Phone:

Address:

Email:

Emergency Contact:

Phone:

In case of emergency, the supervisor on site has my permission to obtain medical treatment for my child. I understand this activity is voluntary and my child's participation is not mandatory. I understand the Freeman School District does not purchase or have medical/dental/hospitalization insurance to cover an injury while participating at this event. Further, I agree to indemnify and hold harmless the Freeman School District.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Any medications taken by student \_\_\_\_\_

Any allergies \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

REGISTRATION DUE: MAY 25th to the High School (Checks payable to FHS)

**\*\*NO ACTIVITY BUS THIS WEEK\*\***

Questions? Email: [Kaela.straw@gmail.com](mailto:Kaela.straw@gmail.com)