



TM CHEROKEES Volleyball Camp 2009

WHO: Incoming 8th - 12th grade girls

DATE: June 22nd, 23rd, 24th

WHERE: TM High School Gym

COST: \$55.00

TIME: 8:30am – 11:30am

(checks payable to Coach Wilson)

CAMP DIRECTOR: TASHA WILSON (Taft HS/CC Wave 18's coach Bronze Medallist @ Junior Olympics '08)

Any questions – please feel free to call Coach Wilson @ 936-648-4496 (sprint)

Please return your form to Coach Horton by May 27th!!!

Name _____ Grade Fall '09 _____

Parents/Guardian Name: _____ Address: _____

Phone # _____ Family Doctor: _____ Phone # _____

Insurance Co. _____ Policy# _____

Emergency Contact: _____ Phone # _____

Please list any medical concerns if any: _____

WAIVER: I, as a parent/guardian, hereby give permission for my child to participate in the TM Cherokee Volleyball Camp and acknowledge the fact that she is physically able to participate in camp activities. I hereby authorize the directors of the TM Cherokee Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my daughter. I hereby waive any claim I might have against TM Cherokee Volleyball Camp and the institution providing the facilities.

Signature of

Parent/Guardian: _____ Date: _____