

Name \_\_\_\_\_ Parent's Name \_\_\_\_\_ Incoming Grade Level \_\_\_\_\_

Phone Number \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ I certify that \_\_\_\_\_ has my permission to participate  
(circle your choice) in the Sharyland H.S. Volleyball camp. I authorize the coaching staff to act on my behalf and use their  
Adult: S M L XL best judgment in case of an emergency. I hereby waive and release Sharyland ISD and its employees  
from liability of any possible injury. I know of no physical or mental problems that may affect my  
Youth: S M L XL child's ability to participate safely in the camp. \_\_\_\_\_

Parent's Signature \_\_\_\_\_