

HORNET VOLLEYBALL MINIS

WHO: Any student attending Flour Bluff in grades 2nd-6th

DATE: Jan. 28, Feb. 4, 11, 18, 25, Mar. 4

TIME: 4:30-5:30 PM

PLACE: Flour Bluff Primary Gym

FEE: \$60.00 (Cash, check or Order only)

Participants will need to submit the following forms the by the first day of minis.

1. Waiver of claims signed by parent. (bottom of form)
2. Registration form. (please submit as soon as possible to either the athletic office or students PE teacher)

****If paying by check or money order please make payable to: Flour Bluff Volleyball**

****For more information or questions, please contact Kara Wallace at: kwallace@flourbluffschoools.net**

HORNET VOLLEYBALL MINIS 2019 REGISTRATION FORM

Name: _____ Grade: _____
Home Address: _____ City/Zip: _____
Parent(s) Name: _____ Home: _____
Work: _____ Cell: _____ Doctor's: _____

Please list any medical concerns if any: _____

WAIVER OF CLAIMS: I, as a parent, guardian or adult student hereby give permission for my child/myself to participate in the Flour Bluff Hornet Volleyball Minis and acknowledge the fact that my child/I am physically able to participate in camp activities. I hereby authorize Flour Bluff Independent School District ("FBISD") and the directors of the Flour Bluff Hornet Volleyball Minis to act for me according to their best judgment in any emergency requiring medical attention. I also assume any and all other risks associated with participating in volleyball minis, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity. I also understand the risk of my child/myself participating with other children of varied skill levels, abilities and age differences. I acknowledge I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child/myself. I hereby agree to release, discharge and forever hold FBISD, its board members, employees, agents, officers, directors, heirs, assigns and legal representatives harmless from any and all claims, demands or suits, known or unknown, fixed or contingent, liquidated or unliquidated, arising from my child's/my own participation in UIL and FBISD approved sports.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Student: _____ **Date:** _____