

2022 Summer Camp

Parental Consent & Waiver

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (incoming): \_\_\_\_\_

Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby release my daughter, \_\_\_\_\_ to participate in the Raider Volleyball Camp during the summer of 2022. I fully understand that this camp involves vigorous physical conditioning and active participation. In the event of injury, I hereby give permission for my child to be treated at the following medical facility: \_\_\_\_\_

My daughter has had a physical examination within the last calendar year, and has been granted permission to participate in athletic activities. In the event of accidental injury, I will not hold the School Board of Alachua County, Santa Fe High School, or any coach on the staff of this camp liable for medical expenses.

SIGNATURE OF PARENT: \_\_\_\_\_

STATEMENT OF PURPOSE: SUCCESS AT SFHS IS DEPENDANT ON OFF SEASON PARTICIPATION/PREPARATION. DEDICATION AND COMMITMENT IS EXPECTED FROM EVERYONE. UNDERSTAND THAT ATTENDING THIS CAMP DOES **NOT** GUARANTEE THAT YOU WILL MAKE YOUR HIGH SCHOOL TEAM. THIS CAMP DOES NOT SOLELY INCLUDE SFHS ATHLETES. ENROLLMENT IS LIMITED.