

2023 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 2023. 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 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 DEPENDENT 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.