



2018 SUMMER SPORTS CAMP REGISTRATION FORM

4-DAY BASKETBALL CAMP

Session 1: June 11-14
Incoming 4th – 8th Grade
8:30 – 11:30 a.m.

Session 2: July 23 - 26
Incoming 4th – 8th Grade
8:30 – 11:30 a.m.

4- DAY VOLLEYBALL CAMP

Session 1: July 16-19
Incoming 4th – 8th Grade
8:30 – 11:30 a.m.

Session 2: August 6-9
Incoming 4th – 8th Grade
8:30 – 11:30 a.m.

5- DAY CHEER AND DANCE CAMP

Session 1: June 4 – 8
(Palmer Hall)
Incoming Kinder – 8th Grade
9 a.m. – 12:00 p.m.

Session 2: July 30 – August 3
(Gym)
Incoming Kinder – 8th Grade
9 a.m. – 12:00 p.m.

Each Session Cost is \$125

Make all checks payable to: Mitriel Vinzant
***Please bring a snack and water bottle**

Please indicate choice of camp with an X: **Basketball Session 1**___ **Basketball Session 2**___ **Volleyball Session 1**___
Volleyball Session 2___ **Cheer/Dance Session 1**___ **Cheer/Dance Session 2**___

Student Name: _____ **Grade** _____ **M**___ **F**___

Parent/Guardian: _____ **Phone** _____

Email: _____

Emergency Contact name: _____ **Emergency Ph.** _____

NON-REFUNDABLE PAYMENT

Please note that registration forms and non-refundable payments are due **by April 28th**. If a camp does not meet its minimum number of students by the registration deadline, the session will be canceled and parents will be notified and refunded for the canceled session.

RELEASE AND WAIVER OF LIABILITY

On behalf of my child, the participant, and for myself, my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS**, HOLY SPIRIT EPISCOPAL SCHOOL, HOLY SPIRIT EPISCOPAL CHURCH, AND THE EPISCOPAL DIOCESE OF TEXAS, and each of their officers, officials, agents, trustees, and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the camp (“RELEASEES”) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, CLAIMS, DAMAGES, LIABILITY AND CAUSES OF ACTION, KNOWN OR UNKNOWN, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the FULLEST EXTENT PERMITTED BY LAW.

CONSENT TO MEDICAL TREATMENT

I hereby authorize the staff of Holy Spirit Episcopal School to act for me according to their best judgment in an emergency requiring medical attention.

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

Questions or concerns please contact: Mitriel Vinzant, Athletic Director at 713.468.5138 ext. 284 or mvinzant@hses.org