



SUMMER SPORTS CAMP 2019 REGISTRATION FORM

4-DAY BASKETBALL CAMP

Session 1: June 3-6
Incoming 4th-8th Grade
8 a.m. to 11:15 a.m.

Session 2: July 8-11
Incoming 4th-8th Grade
8 a.m. to 11:15 a.m.

4- DAY VOLLEYBALL CAMP

Session 1: July 15-18
Incoming 4th-8th Grade
8 a.m. to 11:15 a.m.

Session 2: August 5-8
Incoming 4th-8th Grade
8 a.m. to 11:15 a.m.

4- DAY CHEER AND DANCE CAMP

Session 1: June 10-13
(Palmer Hall)
Incoming K-8th Grade
8 a.m. to noon

Session 2: July 29-Aug. 1
(Palmer Hall)
Incoming K-8th Grade
8 a.m. to noon

\$125 per Session – Register by March 29

Checks payable to Mitriel Vinzant

***Please bring a snack and water bottle**

Please indicate choice of camp: **Basketball Session 1**___ **Basketball Session 2**___ **Volleyball Session 1**___
Volleyball Session 2___ **Cheer & Dance Session 1**___ **Cheer & Dance Session 2**___

Student Name_____ **Grade**_____

Parent/Guardian_____ **Phone**_____

Email_____ **M**___ **F**___

Emergency Contact_____ **Phone**_____

NON-REFUNDABLE PAYMENT

Please note that registration forms and non-refundable payments are due **by March 29**. 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.

Parent/Guardian Signature_____ **Date**_____

For questions contact Mitriel Vinzant, Athletic Director, (713) 468-5138, ext. 284 or mvinzant@hses.org.