**For all upcoming 10th – 12th grade High School girls**

**Zoned to Cypress Springs High School**

Date: Monday, July 29th – Wednesday, July 31st 2019

|  |  |  |
| --- | --- | --- |
| **Session Times & Cost (includes t-shirt) $50.00** | | |
| **Monday – Wednesday** | **8:00 am – 11:00 am** | **Performance Gym** |

Where: Cy Springs High school Performance Gym

What to wear: knee pads, athletic shoes, and athletic clothing

What to bring: This form with you along with permission slip on the back, water, snack, 2019-2020 physical packets completed,

**CASH ONLY (No checks or money orders)**

If you have any questions, please contact

**ALYSSA LAKER** Head Volleyball Coach

[alyssa.laker@cfisd.net](mailto:alyssa.laker@cfisd.net) or (281) 345-3000 ext. 3190 (Athletic office)

**Please submit registration form to the Cypress Springs Athletic office or training room as soon as possible**

Please provide a parent/guardian number we can reach during Volleyball Camp Hours

**Reversed side MUST be completely filled out and signed before camp begins**

**CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT PARENT OR GUARDIAN ATHLETIC PARTICIPATION CONSENT FORM**

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upcoming Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMPUS: **CYPRESS SPRINGS HS**

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE AND ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO ATHLETE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_