

**Memorial High School Freshmen Mini-Camp Registration Form and Emergency  
Information**

**Registration:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent /Guardian Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

**Disclaimer**

I, the undersigned, being the individual, parent, or legally authorized guardian of \_\_\_\_\_, agree to hold Spring Branch Independent School District, its Board of Trustees, administration, and /or faculty, harmless from liability for any injuries which my child may receive while participating in any recreational activities or utilizing the Spring Branch Independent School District facilities. I herewith authorize the Director, supervisor, and/or district employee to secure medical services for any family member if necessary, and I agree to pay either directly or through my own personal health and accident insurance policy, all medical or hospital costs.

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Signature of Parent or Legal Guardian

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Street Address of Parent or Legal Guardian