



TIGER



ALL SPORTS CAMP

What: All Sports Camp for Elementary Girls & Boys Zoned to Spring Woods High School

When: Friday, May 27, 2022

Where: Spring Woods High School

(drop off and pick up in the Natatorium parking lot)

Who: Current 1st-5th graders Time: 9:00am-11:00am

Registration: Please send in your registration form to Health Fitness Teachers

How much? FREE!!!

Lunch is provided!

This camp is for all elementary students, who are *zoned to Spring Woods HS*, interested in sports. The camp will be conducted by the Spring Woods High School coaching staff that will provide each student with individual attention on basic skills. The camp will be fun and conducted with all activities closely supervised. All activities will be supervised by Spring Woods Coaching staff.

Name: _____ T-shirt Size: YS YM YL S M L XL

Current Grade: _____ School: _____

Address:

Parents Name: _____

Parents Cell Number: _____ Parents Work Phone: _____

I, _____, am the parent or legal guardian of the above named child and understand that my child has an opportunity to participate in *Tiger All Sports Camp* with Spring Branch Independent School District, at *Spring Woods High School*. I acknowledge and understand that my child is not required to participate but does so voluntarily. I further acknowledge and understand that there inherent risks in activity. I acknowledge and understand that certain risks exist, including paralyzing injuries and death, when my child participates in activities in or around District facilities.

I hereby consent and grant permission for my child to participate in the sport activities, and acknowledge the dangers in my child's participation in these activities.

IN CONSIDERATION OF THE OPPORTUNITY FOR MY CHILD TO PARTICIPATE IN ACTIVITIES, I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SPRING BRANCH INDEPENDENT SCHOOL DISTRICT AND ITS PAST AND PRESENT BOARD MEMBERS, AGENTS, EMPLOYEES, VOLUNTEERS, OFFICERS, AND REPRESENTATIVES FROM ANY LIABILITY, CLAIM, LOSS, OR EXPENSE (INCLUDING REASONABLE ATTORNEYS' FEES) IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE ABOVE ACTIVITY AND TRANSPORTATION TO AND FROM ABOVE ACTIVITY. I AGREE FURTHER TO RELEASE, INDEMNIFY, AND HOLD HARMLESS SPRING BRANCH INDEPENDENT SCHOOL DISTRICT FROM ANY LIABILITY, CLAIM, LOSS, OR EXPENSE (INCLUDING REASONABLE ATTORNEYS' FEES) BROUGHT ON BEHALF OF MY CHILD, INCLUDING BUT NOT LIMITED TO ANY CLAIMS CAUSED BY ANY ACT, OMISSION, OR NEGLIGENCE OF SPRING BRANCH INDEPENDENT SCHOOL DISTRICT. I ALSO AGREE TO RELEASE, INDEMNIFY, AND HOLD HARMLESS SPRING BRANCH INDEPENDENT SCHOOL DISTRICT FROM AND AGAINST ANY LIABILITY, CLAIM, LOSS, OR EXPENSE (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED AS A RESULT OF ANY CLAIM, DEMAND, OR CAUSE OF ACTION BROUGHT BY A THIRD PARTY AGAINST SPRING BRANCH INDEPENDENT SCHOOL DISTRICT BECAUSE OF ANY ACT COMMITTED BY THE UNDERSIGNED OR MY CHILD.

In the case of necessity, I authorize Spring Branch Independent School District, on my behalf and at my expense, to arrange for such medical and hospital treatment as Spring Branch Independent School District may deem advisable for the health and well-being of my child. I understand that Spring Branch Independent School District is under no duty or responsibility to arrange for such medical or hospital treatment. Spring Branch Independent School District is authorized to submit to the treating facility the emergency medical information on this form.

I represent to Spring Branch Independent School District that my child is physically and mentally able to participate in all the above activities, unless such activity is excluded as noted here:

Excluded activities, if any: _____

I have noted on the bottom of this form any medical/health problems that my child has of which the District should be aware. I understand that this form will be kept on file at the school my child attends and it is my responsibility to keep the medical information and any change in excluded activities current.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____
(Participant or Parent/Guardian)

Signed: _____ Date: _____
(Participant or Parent/Guardian)

Medical/Health Problems: _____