

**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 _____, authorize my child to participate in a Spring Branch ISD sponsored summer activity, and understand that participating in athletics of any kind comes with risks. I agree to hold Spring Branch ISD, its Board of Trustees, administration, and/or faculty, harmless from liability for any injuries or illness, which my child may be subject to while participating in any recreational activities or utilizing the Spring Branch ISD facilities. In the event of an emergency requiring medical attention, I authorize the Director, supervisor, and/or a district employee to use their judgment to secure medical services if necessary, which shall be at my own cost. I have included a copy of my child's most recent required physical and I have notified the Director of the summer activity of my child's physical ailments or limitations.

Signature of Parent or Legal Guardian

Street Address of Parent or Legal Guardian