

## Big Spring HS Volleyball Clinic

June 22-23, 2023

9:00 a.m.-12:00 p.m./1:00 p.m.-3:00 p.m.

Big Spring JH Gym

Athlete's Name \_\_\_\_\_ Grade for Fall 2023 \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

My daughter has permission to attend the Big Spring HS Volleyball Clinic offered by Connie Bozarth.

I certify that she is physically able to participate in volleyball activities without restriction. In an emergency where my daughter requires medical care, I authorize the Big Spring HS volleyball clinic staff to act in my stead and obtain whatever necessary medical treatment. I consent to such treatment and will be responsible for any medical or other charges connected to her camp attendance. I acknowledge that she might incur a risk of injury while participating in camp activities. I waive, give up, and release the 2023 Big Spring HS Volleyball Clinic, Big Spring ISD, and Connie Bozarth from liability.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Clinic registration \$90.00 (cash, check, Venmo accepted)

Checks made to: Connie Bozarth

Venmo: @Connie-Bozarth-1