

Lakeside Volleyball Skills Camp
April 10, 11, 18, & 25th, 2018

Name _____
Current Grade Level _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Release: I hereby release Lakeside High School and the Camp's staff from any and all liability resulting in injury or illness to the above child while he/she is participating in camp activities. I further give the right to a qualified staff member to seek and permit medical assistance for my child in the event of his/her injury if I am unable to be reached.

Print Name _____ Date _____

Signed _____