



PERMIAN PANTHER VOLLEYBALL CAMP 2019



WHERE: PERMIAN HIGH SCHOOL FIELDHOUSE

WHEN: Monday-Wednesday July 29th-31st

AGES:	Incoming 1 st -5 th graders (\$55)	8:00 am - 9:15am
	Incoming 6-7 th graders (\$70)	9:30 pm - 11:30 am
	Incoming 8-9 th graders (\$70)	12:00 pm - 2:00 pm

OK TO DISTRIBUTE *PH*
COMMUNICATIONS DEPT.

REGISTER: Online: permianvolleyball.com or scan the QR code with your phone

COST: \$55 (1st-5th grade) and \$70 (6th-9th grade) per athlete includes t-shirt and volleyball
No personal checks accepted.
(cash, money orders, cashier's checks only!!!)



INSTRUCTORS: *Gillian Herrera
Head Volleyball Coach-Permian High School

Assistant Volleyball Coaches-Permian High School

SKILLS: Fundamental skills of passing, serving, hitting, blocking, and setting, rules of the game with offensive and defensive strategies, and teaching a passion for the lifetime sport of volleyball.

More Info: (432) 631-8489
gillian.herrera@ectorcountysd.org
www.permianvolleyball.com

NAME _____

ADDRESS _____ **ZIP** _____

GRADE FOR 2019-2020 SCHOOL YEAR _____

SCHOOL FOR 2019-2020 SCHOOL YEAR _____

PHONE _____

T-SHIRT SIZE:	Adult	S	M	L	XL	XXL
(Circle One)	Youth	S	M	L		

PAID: _____ cash _____ money order _____ cashier's check _____ online

****** Please read and sign ECISD release and indemnification statement on reverse side.**

**Ector County Independent School District
Permian Panther Volleyball Camp 2019
RELEASE AND INDEMNIFICATION AGREEMENT FOR ATHLETIC PARTICIPATION BY A MINOR**

Participant's Name _____ Address _____

I am the Parent/Guardian of the above-named participant who is under eighteen years of age and am fully competent to sign this agreement.

I give permission for participant to participate in the above-referenced activity. I acknowledge that the nature of the activity may expose participant to hazards or risks that may result in participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of participant being permitted to participate in the activity, I hereby accept all risks to participant's health and of her injury or death that may result from such participation and I hereby release the above named by institution, its governing board, officers, employees and representatives from any and all liability to participant, participant's personal representatives, estates, heirs, next of kin, and assigns for any and all claims and cases of action for loss of or damage to participant's property and for any and all illness or injury to participant's person, including her death, that may result from or occur during participant's participation in the activity, whether caused by negligence of the institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from participant's negligent or intentional act or omission while participating in the described activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND ACCUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Address

Date Signed