



Incoming grades 7-9th 1:00pm-3:30pm

SISDATHLETICCOIV-19 SAFTEY GUIDELINES FOLLOWED

always be 6ft apart when tively pa<mark>rticipati</mark>ng.

Neon Shirt Day

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June

Name	Parent's Name	i l	Inc	oming Grade Level

Name of Insurance Company_____

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T-Shirt Size: (circle your choice)

Phone Number_

Adult: S M L XL

Youth: S M L XL

I certify that ___ _____ has my permission to participate

in the Sharyland H.S. Volleyball camp. I authorize the coaching staff to act on my behalf and use their best judgment in case of an emergency. I hereby waive and release Sha<mark>ryland IS</mark>D and its employees from liability of any possible injury. I know of no physical or mental problems that may affect my

child's ability to participate safely in the camp. _

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Tie-Dye Shirt Day

Parent's Signature