



## **Diamond Canyon Mini-Coyotes 2nd-6th Grade**

### **Volleyball Skills Camps**

**When: Boys: 1/19; Girls: 1/26**

**Where: DC Gym**

**Time: 2-4PM**

**Cost: \$30/athlete**

This waiver must be completed in full in order to participate.

To the best of my knowledge, this student/participant does not have any health problems that would be harmful to him/her while participating in the community schools program. Be it known that I, the undersigned parent/guardian/participant, do hereby give and grant unto the instructor my consent and authorization to render such aide, treatment and care to said participant as, in the judgement of the instructor, may be required on an emergency basis, in the event said participant should be injured or struck ill, it is hereby understood that the consent and authorization hereby given and granted are continuous, and are intended by me to extend through the length of the program. If emergency service involving medical action, or treatment is required and neither the parents nor guardians can be contacted, I hereby consent for the participant to be given medical care by the doctor selected by the instructor.

(Participant must have medical insurance to participate.)

Name of Participant: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Insurance Coverage Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group: \_\_\_\_\_