

Please complete this entire page. Your child will not be able to participate without your signature.

**Waiver**

I/we give permission to our child to participate in the Andrean High School Summer Volleyball Camp. I/we assume responsibility for our child's medical fitness and physical readiness for the camp. I/we agree to waive, release, and discharge AHS Summer Volleyball Camp, AHS, its employees, agents and staff for any accident, injury (including death), illness or any other mishap which might befall the below-named camper while traveling to or from, or during attendance at the AHS Summer Volleyball Camp.

Further, I/we hereby grant permission to the staff of AHS, any medical or surgical consultant deemed advisable, and any hospital to render the below-named camper and medical and/or surgical treatment that they deem necessary in the event parent/guardian cannot be reached. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

**Parent/Guardian Signature/Date**

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**Camp Price: \$75.00 (includes shirt)**

**Please Circle One:    Session 1    Session 2**

**Shirt Size: YL XS S M L XL**

**\*pre-registration is the only way to guarantee shirt size.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Email** \_\_\_\_\_

Andrean High School  
C/O Alison Shevik  
5959 Broadway  
Merrillville, IN 46410