



North East ISD Athletic Department
VIRGIL T. BLOSSOM ATHLETIC CENTER

Executive Director Karen Funk	Director/Athletics Terry Peel	Director/Athletics Timothy Woods	Director/Athletics Suzzy Moore	Director/Athletics Kelly Parker
Aquatics Coordinator David Johnson	Director PE/Health/Athletics Rachel Taylor	Tennis Coordinator Patrick Johnson		

**WAIVER OF LIABILITY FORM
STRENGTH AND CONDITIONING PROGRAM**

In consideration of my child's voluntary participation in the North East Independent School District Athletic Department's Summer Strength and Conditioning Program, which includes use of its facilities and/or equipment, and in addition to the payment of any fee associated with this participation, I do hereby agree to waive, release and forever discharge the North East Independent School District, its trustees, employees, agents, and representatives from any and all responsibility or liability, under state and/or federal law, for any injuries and/or other damages resulting from my child's participation in the Summer Strength and Conditioning Program. This participation includes any organized or individual activity that is part of the Summer Strength and Conditioning Program, including but not limited to preparation sessions, workouts, and meetings. I hereby acknowledge and understand that this waiver of liability extends to claims by me, my child, and/or any other parent or legal guardian of my child.

It is required as a condition of my child's voluntary participation in the Summer Strength and Conditioning Program that he or she receive a physical from a fully-licensed physician (licensed in the state of Texas to practice medicine) prior to participating in any activity that is part of the program. Proof of such physical, and of the child's medical fitness to participate in the program, must be provided to the North East Independent School District Athletic Department prior to participation in the program. I understand that the District is entitled to rely on such proof from a physician that the child is medically fit to participate in all aspects of the program, and that the District is not responsible for any medical advice or treatment given by any physician.

My signature below certifies that I understand and accept the conditions and waiver as explained above.

PARENT OR GUARDIAN'S SIGNATURE

DATE

PARENT OR GUARDIAN'S PRINTED NAME

STUDENT ATHLETE'S NAME

SCHOOL

S.W.A.T.

CAMP 2017

Strength Work Attitude Team

Churchill High School

Attn: Jo Anne Hultgren

356-0045

jhultg@neisd.net

SWAT Camp Churchill High School

GIRLS ENTERING 9th through 12th GRADES

SWAT camp will use various activities to develop the athlete's strength, speed and explosion to help them to achieve success in all sports.

**Churchill High School Athletic Facility
Monday through Thursday**

All sessions will be held from 6:30 to 8:00 a.m.

Session 1: June 5-22, 12 workouts, \$42.50

Session 2: June 26-July 13, 11 workouts, \$42.50

Session 3: June 5-July 13, 23 workouts, \$85.00

No workout Tuesday, July 4.

Campers must have a current medical history and physical to participate in the camp. Forms can be located at Churchill or <http://staff.int.neisd.net/athl/forms.html>

Participants are to provide their own workout clothes.

Payment may be made by cash, money order or check made out to Churchill High School.

Please send all information and payment to:

**Churchill High School
Attn: Jo Anne Hultgren
12049 Blanco Road
San Antonio, TX, 78216**

2017 SWAT Camp Registration

Please **PRINT** all information.

Waiver of Liability, on reverse side, must be signed and returned with registration, along with a current medical history and physical.

Payment is due with registration form.

Athlete Name

Sport
T-shirt Size (Adult only): S M L XL XXL

Parent/Guardian

Address

City, Zip

E-mail

Phone

2017-18 Grade

Check Desired Session:

- Session 1: June 5-22**
- Session 2: June 26-July 13 (No Workout July 4)**
- Session 3: June 5-July 13**

Emergency Contact Name

Emergency Contact Number