

For more information, Call Coach Gary Brigman at 910-286-2346.

**RISING 3RD -
RISING 6TH
GRADERS**



**JULY
10-12
8:30-12:00**

SUMMER YOUTH ATHLETIC CAMP

\$10
Includes
t-shirt, breakfast
and lunch

Concessions will also be
available for purchase.

FOOTBALL, BASKETBALL, TENNIS, SOFTBALL,
BASEBALL, SOCCER, TRACK, VOLLEYBALL, GOLF,
CHEERLEADING, SWIMMING, WRESTLING, AND
PHYSICAL CONDITIONING

AT HOKE HIGH

Liability Waiver Form

To the best of my knowledge, my child is in good physical condition and fully able to participate in this camp. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury, and hereby elect to voluntarily let my child participate in said event, knowing that the associated physical activity may be hazardous to my child and to my property. In consideration for the opportunity for my child to participate, I voluntarily assume full responsibility for any risks or loss, property damage, or personal injury, that may be sustained by my child, or loss or damage to property owned by me, as a result of participation in this course.

I hereby release, waive, discharge, and convention not to sue Hoke County Board of Education, Hoke County Schools, Hoke County Schools Staff, Student Camp Counselors or any other persons assisting with the camp from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to any loss, damage or injury, that may be sustained by my child, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and shall be deemed as a release, waiver, discharge, and convention to sue the above named releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of North Carolina.

In signing this release, I acknowledge and represent that I have read the forgoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the forgoing written agreements have been made and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

PLEASE FILL OUT COMPLETELY AND RETURN WITH PAYMENT

LIABILITY WAIVER FORM (TO BE COMPLETED BY PARENT/GUARDIAN)

Signature: _____

Print Name: _____

Date: _____

STUDENT INFORMATION

Name: _____ Age: _____

Emergency Contact: _____ Phone #: _____

T-Shirt Size: (Circle One) Youth S M L Adult S M L XL

Day 1 Activity: _____

Day 2 Activity: _____

Day 3 Activity: _____

Health Risks: (Please list any allergies and/or medical conditions, such as asthma, food allergies, use of EpiPen, etc.)

** Parents must sign their children in and out of the camp each day.*

** You must provide your own sports specific equipment (gloves, shoes, tennis racket, etc.).*