

SUMMER RECREATION VOLLEYBALL PROGRAM CUERO
INDEPENDENT SCHOOL DISTRICT

****REGISTRATION FORM****

**NOTE: NO STUDENT ENROLLED IN SUMMER SCHOOL CAN PARTICIPATE IN
SUMMER REC CAMPS THAT OCCUR DURING SUMMER SCHOOL.**

Student's Name: _____

Address: _____

Home Phone: _____ Parent's work: _____

Next year's grade level: _____ Birth Date: _____
Mo Day Year

Check the following program:

Volleyball _____ incoming 7th - incoming 9th grade

*****11:00AM-2:00PM June 6th*****

TOTAL AMOUNT OWED: \$25

TOTAL AMOUNT PAID: \$ _____

In case of emergency call:

Name: _____

Work Phone: _____

Address: _____

Home Phone: _____

Name of your family doctor: _____

*****Every Student Must Have Own Form*****

CUERO INDEPENDENT SCHOOL DISTRICT SUMMER RECREATION CAMPS

I, the undersigned, as the parent or guardian of a minor child,
_____, acknowledge that the forenamed child is covered
by medical insurance as follows:

Insured: _____

Company: _____

Policy #: _____

It is further understood that the Cuero Independent School District does not provide medical insurance covering injuries of any nature incurred at the 2024 Summer Recreation Camps.

The undersigned hereby releases the Cuero Independent School District, its successors, officers, agents, and employees from any and all causes of action whatsoever in any way growing from any and all causes of action whatsoever in any way growing out of or resulting from the participant of the forenamed child in the 2024 Summer Recreation Camps.

Signature of Student

Date

Signature of Parent or Guardian

Date

****Brothers & Sisters can be combined on this form****

****All must sign****