



**2017 GALENA PARK  
SPEED CAMP**

**All FEMALE Athletes  
7<sup>TH</sup>-8<sup>TH</sup> GRADE**

**Monday-Thursday 9:30 AM-11:30 AM**

**June 5th-June 29th**

**July 10th-July 20th**

**Cost: \$50.00 By May 26<sup>th</sup> Deadline / \$60.00 After The Deadline**

**LOCATION: GPHS FIELDHOUSE**

**CONTACT: GEORGE YOUNG**

**832-386-2857**

**CASH OR CREDIT CARD PAYMENT (AVAILABLE ON GPHS WEBSITE)**

**PARTICIPANTS MUST HAVE A PHYSICAL AND EMERGENCY CARD ON FILE**

**NAME: \_\_\_\_\_ DOB: \_\_\_\_\_**

**CELL PHONE: \_\_\_\_\_ GRADE(2017-2018): \_\_\_\_\_**

**TSHIRT SIZE: \_\_\_\_\_ SHORT SIZE: \_\_\_\_\_**

I, the undersigned parent/legal guardian of authorize said child's participation in the Galena Park High School Speed Camp. It is my understanding that participation in the activities that make up the GPHS Speed Camp is not without some inherent risk of injury. As such, in consideration of my child's participation in the GPHS Speed Camp, I hereby release, waive, discharge and covenant not to sue the camp, coaches, athletic department, the Galena Park Independent School District or any of it's representatives from any and all liability, claims, demands for possible injury that may be sustained and suffered by my child with their association with or entry into this camp. If, in the judgment of any representative of the school, the above student, needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches, associated physicians and student personnel to share information concerning medical diagnosis and treatment for your child. By signing below I also understand that the school insurance does not cover participation in activities that are held in the summer. Galena Park Independent School District and any of its representatives will not be responsible for the handling or payment of medical bills that arise from participation in the GPHS Speed Camp.

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Parent/Guardian Signature & Date