TEXARKANA
COLLEGE

TEXARKANA COLLEGE MEDICAL RELEASE FORM
903 PREMIER VOLLEYBALL CAMP

I/We, the parent(s) or legal guardian(s) of _____, give permission for my/our child to participate in the **903 Premier Volleyball Camp Summer 2026** at Texarkana College. Camp sessions are scheduled from **June 30 through July 30, 2026**, and will be held at the **Pinkerton Fitness Center Gym, 2500 N. Robison Road, Texarkana, Texas**. This camp is designed for athletes ages 12–15 and includes volleyball instruction, drills, skills training, scrimmages, and related activities.

I/We understand that participation in athletic activities involves inherent risks, including but not limited to injuries that may occur while participating in volleyball skills training, drills, scrimmages, conditioning exercises, game-play activities, and transportation to and from camp sessions. I/We voluntarily assume all such risks associated with my/our child's participation in the camp.

In consideration of my/our child's participation, I/we hereby release, waive, discharge, and agree to hold harmless Texarkana College, Texarkana College Community Education, the 903 Premier Volleyball Camp program, its employees, instructors, coaches, volunteers, sponsors, and representatives from any and all claims, demands, causes of action, damages, losses, or liabilities arising from or related to my/our child's participation in the camp, except as otherwise provided by law.

I/We acknowledge that my/our child is physically capable of participating in camp activities and agree to notify camp staff of any medical conditions, allergies, or other health concerns that may affect participation.
I/We authorize the camp staff, instructors, coaches, volunteers, and representatives of Texarkana College to secure emergency medical treatment for my/our child if I/we cannot be reached.

I/We understand that every reasonable effort will be made to contact a parent or legal guardian before medical treatment is administered. I/We accept responsibility for any medical expenses incurred on behalf of my/our child.
By signing below, I/we acknowledge that I/we have read, understand, and agree to the terms of this Permission and Liability Waiver.

Participant Name:_____
Parent/Guardian Name: _____
Parent/Guardian Signature: _____ _____ **Date**: _____
Emergency Contact Phone Number: _____
Medical Conditions/Allergies (if applicable): _____