



# Woodway Family Center 2017 Summer Camps Soccer, Basketball, & Volleyball

<u>Soccer Camp</u>	June 5th—June 9th	K-2nd: 9:00 AM — 11:00 AM 3rd-6th: 1:00 PM—4:00 PM
<u>Basketball Camp</u>	June 12th—June 16th	K-2nd: 9:00 AM — 11:00 AM 3rd-6th: 1:00 PM—4:00 PM
<u>Volleyball Camp</u>	June 19th—June 23th	3rd-4th: 9:00 AM — 12:00 PM 5th-6th: 1:00 PM—4:00 PM

**Registration Deadline: Saturday, May 20th**  
**Registration Fee: \$50**

Child's Name: _____	Date of Birth: _____	Sex: M ___ F ___
Address: _____	City: _____	Zip: _____
Grade: K ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___		
T-Shirt Size: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___		
Sport: Soccer: ___ Basketball ___ Volleyball ___		

Parent/Legal Guardian #1: _____
Cell/Home Phone: _____ Work Phone: _____ Email: _____
Parent/Legal Guardian #2: _____
Cell/Home Phone: _____ Work Phone: _____ Email: _____

### General Release and Indemnity Agreement

I, the undersigned parent or guardian of the minor child or myself referenced herein, acknowledge that the child or myself is authorized to participate in the activity described on this sheet which is provided by the City of Woodway Family Center, Texas.

I hereby release and agree to indemnify the City of Woodway Family Center, its agents, employees, officers and members, from any and all claims, demands, suits, causes of action, or judgments, including claims for attorneys' fees, which my child or I may have, or may claim to have, against the described parties arising out of or in any way connected with the activity sponsored by the City of Woodway Family Center., for all personal injuries, property damage or claims for wrongful death, caused by the ACTS, OMISSIONS OR NEGLIGENCE of City of Woodway Family Center, its agents, employees, officers and members.

### \*PHOTO RELEASE\*

I agree that the Woodway Family Center may use such photographs of me and/or my children without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Yes: \_\_\_ No: \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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