



Sports Camp Registration & Medical Release Form

July 14th-18th / 9:00am-12:00pm

1st-6th Grade (Fall 2014) / Cost \$45.00

Child's Name (First / Last)	Age	Grade	Date of Birth / /	Gender Boy / Girl
Parent Name (First / Last)	Cell Phone			
Email Address	Emergency Contact Phone #			
Sport (circle one) Soccer Basketball Cheerleading	T-Shirt Size (circle one) YS (5-6) YM (7-8) YL (9-11) AS (12-14)			

MEDICAL AND LIABILITY RELEASE

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety and enjoyable time while participating in this activity. By signing the form, you, as a parent, guardian or other responsible party, agree to assume the risks and hazards which are inherent in this kind of activity. You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child for whom you sign.

I give my child, _____, permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

Parent Signature: _____ Date: _____

For Office Use Only

Date Paid: _____ Amount: \$ _____ Cash / Check # _____



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