

Trinity Lutheran High School

Sports Camps 2017

Date: _____ T-shirt size (circle one): YOUTH: small medium large ADULT: small medium large x-large
Girls: (X) Volleyball _____ Basketball _____ Cheer _____
Boys: (X) Basketball _____

Student Name _____ Gender: M _____ F _____ Age: _____

Grade Entering in Fall 2017 _____ School Entering in the Fall _____

Address _____
Home Phone: _____
Cell Phone: _____

Parent/Guardian(s) Name(s) _____

Work Phone: _____ E-Mail Address: _____

I give permission for my child to participate in the sport camps at Trinity Lutheran High School. I hereby release Trinity Lutheran High School, its faculty, staff, sponsors, and volunteers from responsibility and liability for any injury or illness that my child sustains during any activity. In the event of an emergency, I hereby authorize any adult leader of the activity as agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of this state, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent or Guardian: _____ Date _____

Emergency Phone Number(s): _____

Priority deadline for camp registration is Wednesday, May 17, 2017. If you register after this date the cost for each camp is \$50 for all camps except 3-K cheer camp at \$45. Save \$5 off each camp by registering early! Camp t-shirts and other giveaways are not guaranteed for late registrations. A separate form is required for each camp, but you may write one check for the total cost of the camps attending.

Please make checks payable to: ***Trinity Lutheran High School***

Medical Information

Allergies: _____
Medications Being Taken: _____
Physical Handicaps or Limitations: _____
Medical Insurance Company: _____
Policy Number: _____

