

MEGA Sports Camp

Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Last school grade completed _____ Male/Female _____

Sports Choice

_____ Soccer (bring a soccer ball and shin guards labeled with your name)

_____ Basketball (bring a basketball labeled with your name)

_____ Volleyball (bring knee pads and ball, if you have them)

_____ Baseball (bring mitt labeled with your name)

Paid _____ \$20.00 _____ Partial scholarship _____

T-shirt size _____ E-Mail _____

Guardian(s) name _____

Home phone _____ Work/Cell phone _____

In case of emergency, contact _____

Home phone _____ Work/Cell phone _____

Special concerns (allergies, medications, medical conditions, etc.) _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the camp/clinic. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during *Undefeated* MEGA Sports Camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Date _____ Signature of Parent or Guardian _____