



MEGA Sports Camp REGISTRATION FORM



Child's Name _____

Address _____

City _____ State _____ Zip Code _____

Age _____ Last School grade completed _____ Male/Female _____

SPORTS CHOICE**: (choose 1st & 2nd preferences)

- _____ 4's & 5's class
- _____ Soccer (bring a soccer shin guard labeled with your name)
- _____ Basketball (bring a basketball labeled with your name)
- _____ Baseball
- _____ Camp Craft

**only available if 3 or more register for that sport

T-shirt size: Youth _____ Adult _____

Guardian(s) name _____

Cell phone: _____ E:mail: _____

In case of emergency contact _____ Phone _____

_____ 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 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 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 or 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.

Name of Parent or Guardian _____

Date _____ Signature of Parent or Guardian _____