

CHALLENGER

SPORTS™

Camper Name _____ Age _____ M ___ F ___ D.O.B. _____

Host Organization _____

Session/Camp Program _____ Time _____

T Shirt YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ XL ___ Ball #3 (U8) ___ #4 (8-12) ___ #5 (13+) ___

Parent/Guardian _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Email Address _____ Phone (_____) _____ - _____

Emergency Contact Name _____ Phone (_____) _____ - _____

Medical Conditions/Allergies _____

By completing this form I hereby release Challenger Sports and any host organization from all claims and liability of any kind of personal injury or property damage due to participation in this camp. I certify that my child is in good health and able to participate. I agree to notify the coaches of any preexisting medical or psychological conditions. If attention is required for illness or injury, I give permission to a staff member for such care. I consent for my child to be photographed or videotaped while participating in the camp activities which may be used for promotional purposes. If returned unpaid I authorize my account to be electronically debited for the check amount + returned check fee. Cancellations initiated at least 30 days prior to a weeklong day camp will entitle me to a refund totalling 50% of the camp price. No refunds will be given for cancellations within 30 days of camp unless we can show proof of injury/illness.

Parent Signature _____ Date _____