

ELDER SUMMER CAMP - 2017 REGISTRATION

Amount enclosed: \$ _____

* *Please use one (1) application form per camper. This registration form may be copied.*

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Age _____ Height _____ Weight _____

Home Phone () _____

Emergency Phone #1 () _____ Ask for _____

Emergency Phone #2 () _____ Ask for _____

Grade entering in the fall (circle one): K 1 2 3 4 5 6 7 8 9 10 11 12

School attended last year _____

T-Shirt size (ADULT sizes): _____Sm _____Med _____Lrg _____XL _____XXL

(YOUTH sizes): _____Y Sm (size 6-8) _____Y Med (size 10-12) _____Y Lrg (size 14-16)

Please register my son/daughter in the following camp(s): (please check camp and circle session)

- BASEBALL CAMP** Session: 1 2
- BASKETBALL CAMP**
- BASKETBALL LEAGUE** _____entering grades 7 & 8 _____entering grade 9
- BOWLING CAMP**
- CROSS COUNTRY CAMP**
- ELDER ENRICHMENT CAMP** Session: 1 2 3* (**only if the first two sessions fill.*)
- FOOTBALL CAMP** Session: 1 2 3
- HOCKEY CAMP**
- LACROSSE SUMMER LEAGUE**
- SOCCER CAMP** Session: 1 2 3
- VOLLEYBALL CAMP**
- WRESTLING CAMP**

Parent's Permission:

I give my consent and approval to the participation of my daughter/son in the camp. I certify that s/he is physically fit to take part in the activities. I hereby authorize the directors of the Elder Summer Camps to act for me according to their best judgment in any emergency situation requiring medical attention for my son/daughter. I have adequate medical insurance for medical expenses as a result of any injury sustained while participating in the camp. I hereby waive and release Elder High School, the Elder Summer Camps, its coaches and instructors from any and all liability for injuries and illnesses incurred while at camp.

Parent/Guardian Signature: _____ Date: _____

Parent(s) Email Address(es): _____

Mail to: Elder High School
Elder Summer Camps
3900 Vincent Ave. Cincinnati, OH 45205

Make check payable to: **ELDER HIGH SCHOOL**