



SCHOOL CAMP or CLINIC PARTICIPANT DISCLOSURE / REGISTRATION

FORM B

Complete this form. Parent/Guardian permission and signature required to participate. Return completed form to School/Location's main office.

Name of Camp/Clinic: \_\_\_\_\_

Ages/Grades: \_\_\_\_\_

Coach: \_\_\_\_\_

Maximum Number of students: \_\_\_\_\_ UHSAA Tryout Implications: Yes No

School/Location: \_\_\_\_\_

Dates and Times: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

Additional Expenses: \$ \_\_\_\_\_ List Items: \_\_\_\_\_

Total Cost per student: \$ \_\_\_\_\_ Payable to (School/Location): \_\_\_\_\_

Registration Deadline: \_\_\_\_\_ For more information call: \_\_\_\_\_

PARTICIPANT INFORMATION
Name of Participant:
M: F: Date of Birth: Age: Grade:
Address:
City: State: Zip:
Name of Parent or Legal Guardian:
Phone: Cell:
Email:
In Case of Emergency, Please Notify:
Phone: Cell:
INFORMED CONSENT / WAIVER OF LIABILITY AGREEMENT
LIABILITY RELEASE & INDEMNIFICATION:
TRANSPORTATION:
EMERGENCY TREATMENT:
REFUNDS:
COLLECTIONS:
EQUAL OPPORTUNITY:
By signing this informed consent/waiver of liability agreement, I acknowledge that I have read its contents, understand its contents and agree to the terms. Parent or Legal Guardian signature is required before your child is allowed to participate.
Parent or Legal Guardian Signature Date Participant Signature