



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 section containing fields for participant details, parent/guardian contact, emergency info, and informed consent/waiver of liability agreement.