



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.