



Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Last School Grade Complete _____ Male/Female _____

SPORTS CHOICE

_____ Soccer (bring shin guards labeled with your name)

_____ Basketball

_____ Cheerleading (wear comfortable shoes)

T-Shirt size _____

Guardian (s) Name _____

Home Phone _____ Cell Phone _____

In case of emergency, contact _____ Phone _____

_____ Phone _____

Special concerns (allergies, medications, medical conditions, etc.) _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the camp/clinic. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during MEGA Sports Camp *The Great Comeback*, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and the Licking County Family YMCA, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring Licking County Family YMCA and its representatives from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Name of Parent or Guardian _____

Date _____ Signature of Parent or Guardian _____

I acknowledge that photos may be taken at camp, and my child's image may be used in connection with this camp.

YMCA MISSION: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.