



TOWNSHIP HIGH SCHOOL DISTRICT 214

SUMMER ATHLETIC PROGRAM

Registration Form

Please use one form per person registered to complete all the information below.

PLEASE PRINT

Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Last First

M F Circle One

Grade in Sept. \_\_\_\_\_

Address: \_\_\_\_\_ Street City Zip Code

Parent/Guardian Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

\*\*\*\*\*

Camp No.	Camp Title	Total Fees
SCHOOL (Circle One): BGHS EGHS JHHS PHS RMHS WHS		Late Fee (if applicable)
T-Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Med. <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> XXLarge		Total Payment

Method of Payment (Make check payable to high school where camp is offered):  Cash  Check Check # \_\_\_\_\_

PERMISSION TO PARTICIPATE: My son/daughter has my permission to practice and compete in the activities listed above. I also approve of my son/daughter abiding by all of the conditions of the sports agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

INFORMED CONSENT: We realize that such activity involves the potential for injury to our son/daughter which is inherent in all sports. We acknowledge that even with the best coaching, use of the most advanced projected equipment, and strict observance of rules, injuries to our son/daughter are still a possibility. We recognize that on rare occasions these injuries to our son/daughter can be so severe as to result in total disability, paralysis or even death.

I understand all injuries will be reported to the coach and/or trainer. An accident report is then completed on the injury by the person to whom it was reported and kept on file in the Health Service office.

Physician Name: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REFUND POLICY

Refunding Fees: There are no refunds of Summer Athletic Program fees. The following are the only exceptions.

- All fees are refunded if the camp is cancelled.
- All fees, except the registration fee, are refunded upon presentation of a signed doctor's note prior to the passage of 1/2 of the scheduled contact hours and the amount of the refund is prorated by contact hour based upon the date of refund.