

CDH Athletic Summer Camp Registration

Use ONE registration form for EACH clinic/camp/league you plan on attending. Send the registration and check to the appropriate address provided on the information sheet regarding each camp/league. Please print the following information:

Please specify which camp AND session (if applicable) this registration is for:

Camp: _____ Session _____ Weight (Wrestlers only): _____ lbs

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____ Age: _____

Grade Entering (Fall 2016): _____ School: _____

E-Mail: _____

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s): _____

Home Phone: _____ Work Phone: _____

If T-Shirt is provided for the camp you are registering, please circle size:

Shirt or Short Size (Circle One):

Youth: S M L

Adult: S M L XL

Permissions and Waivers

I give my permission for _____ to play in the Cretin-Derham Hall Summer Clinic/Camp/League as s/he is healthy and under no physical restrictions. I/we know that participation in sports may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify, and agree to hold harmless Camp Instructors, Cretin-Derham Hall, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of injury/ies to my/our child whether the result of negligence or for any other cause.

Parent/Guardian Signature _____

Date _____