

ALLEMAN CATHOLIC HIGH SCHOOL

2011 SUMMER CAMP REGISTRATION

Camper's Name _____ School _____

REGISTRATION:

- | | | | |
|--|--|---|-------------|
| <input type="checkbox"/> Boys Basketball | \$40 (\$20) | | |
| <input type="checkbox"/> Girls Soccer | \$35 (\$20) 1 session <u>or</u> \$50 (\$35) 2 sessions | | |
| <input type="checkbox"/> Golf – Girls & Boys | \$35 (\$20) | | |
| <input type="checkbox"/> First Step (Boys) | \$85 | <input type="checkbox"/> Girls Basketball | \$65 (\$25) |
| <input type="checkbox"/> Baseball | \$45 (\$20) | <input type="checkbox"/> Cross Country | \$40 (\$20) |
| <input type="checkbox"/> Football | \$60 (\$30) | <input type="checkbox"/> Emeralds Dance | \$35 (\$20) |
| <input type="checkbox"/> Jr. Football | \$30 (\$20) | <input type="checkbox"/> Cheerleading | \$35 (\$20) |
| <input type="checkbox"/> Boys Soccer | \$50 (\$35) | <input type="checkbox"/> Volleyball | \$35 (\$20) |
| <input type="checkbox"/> Pop Choir | \$40 (\$20) | <input type="checkbox"/> Volleyball | \$50 (\$25) |
| <input type="checkbox"/> Band (no t-shirt) | \$30 (\$15) | <input type="checkbox"/> Performing Arts | \$50 |

► **NOTE:** T-shirt with each camp unless otherwise noted; the 2nd child rate (\$) applies only for the same camp.

TOTAL AMOUNT \$ _____

Grade entering school year of 2011-12 _____ Age _____

Parent/Guardian Name _____

Address _____ City/State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

T-Shirt Size (<i>Circle One</i>)	Youth Medium	Youth Large	Adult Small
Adult Medium	Adult Large	Adult X-Large	Adult XX-Large

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("Participant"). I understand the risks this activity presents to my child, including, but not limited to, serious personal injury or death. Any questions I have concerning this activity have been answered.

In consideration of my child being allowed to participate in this activity, I hereby **RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS** the Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in this activity.

Parent or Guardian Signature _____
Date

- Make checks payable to: ALLEMAN HIGH SCHOOL
- Send registration form and check to: Alleman High School, Athletic Department
1103 40 Street, Rock Island, IL 61201

>> Any questions call (309) 786-7793 or 786-8742 <<

ALLEMAN CATHOLIC HIGH SCHOOL
2011 SUMMER CAMP MEDICAL INFORMATION

Camper's Name (First, Middle, Last): _____

Address: _____

EMERGENCY CONTACT (Parents or Guardian)

Name: _____

Phone(s): _____

Other Contact

Name: _____

Relationship (friend, relative, neighbor): _____

Phone: _____

Camper's Regular Physician:

Name: _____

Phone(s): _____

MEDICAL CONDITIONS of the CAMPER

Please list any medical conditions (asthma, diabetes, epilepsy, etc.):

Please list any allergies or allergic reactions to medications:

Please list any medications he/she is now taking:

Date of most recent tetanus shot: _____

Other pertinent medical information we should know: _____

MEDICAL INSURANCE INFORMATION

Company: _____

Plan identification #: _____

Employee identification #: _____