

ALLEMAN CATHOLIC HIGH SCHOOL 2010 SUMMER CAMP REGISTRATION

CAMPER'S NAME _____ SCHOOL _____

REGISTRATION:

- Boys Basketball Shooting Camp grade 6-8 \$30 (\$15)
- Boys Basketball Team Camp grade 4-8 \$60 (\$30)
- Boys Basketball Shooting Camp and Team Camp Freshmen \$50 or Soph/Varsity \$65
- Girls Basketball \$65 (\$25) Baseball \$40 (\$20)
- Football \$60 (\$25) Jr. Football Grade 5-8 \$30 (\$20)
- Cross Country \$40 (\$20) Girls Soccer \$35 (\$20)
- Cheerleading \$35 (\$20) Volleyball grade 9-12 \$45 (\$30)
- Boys Soccer \$50 (\$35) Volleyball grade 5-8 \$35 (\$20)
- Music Theatre \$50 Band \$35 (\$15)
- Emeralds Dance \$30 (\$20)

NOTE: T-shirt with each camp unless noted otherwise; the second child rate applies only if it is for the same camp.

TOTAL AMOUNT \$ _____

Grade entering school year of 2010-11 _____ **Age** _____

Parent/Guardian Name _____

Address _____ **City/State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

T-Shirt Size: (Circle One)	Youth Medium	Youth Large	Adult Small
	Adult Medium	Adult 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 or concerns call (309) 786-7793 or 786-8742

>>> DEADLINE FOR REGISTERING IS FRIDAY, MAY 21, 2010 <<<

ALLEMAN CATHOLIC HIGH SCHOOL
2010 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 #: _____