



2024 SUMMER CAMP REGISTRATION

Camper's Name *(print First, Last)* _____

- Baseball \$50 (\$25)
- Cheerleading \$50 (\$25)
- Cross Country \$40
- Pioneer Power Weight Training \$100
- Football Grades K-8 \$35 (\$20)
- Football Grades 9-12 \$35 (\$20)
- Boys Basketball \$65 both weeks
- Boys Basketball week 1 only \$50
- Boys Basketball week 2 only \$20
- Boys/Girls Golf \$50 (\$40)
- Volleyball \$50
- Wrestling \$25
- Softball \$45
- Girls Basketball Grades 3-8 \$50 (\$25)
- Girls Basketball Grades 9-12 \$65 (\$35)
- Boys Soccer Grades 2-6 \$25
- Boys Soccer Grades 7-12 \$75 (\$65)
- Girls Soccer \$50 (\$40)

*** Campers must be registered by 5/24/2024 to guarantee a camp t-shirt (if included)**

Checks may be made payable to: Alleman High School

Please send registration and payment to: AHS Athletic Department 1103 40th Street, Rock Island, IL 61201

Please note: The 2nd child discount price only applies to multiple campers from the same family attending the same camp.

TOTAL AMOUNT \$ _____ **Please circle: Cash or Check #** _____

Name _____

Grade entering school year of 2024-2025 _____ School _____ Age _____

Parent/Guardian Name _____

Address _____ City/State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail: _____

T-SHIRT SIZE

____ Youth Medium ____ Youth Small ____ 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

ALLEMAN CATHOLIC HIGH SCHOOL
2024 SUMMER CAMP ♦ MEDICAL INFORMATION

Camper's Name (*print First, 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 #: _____

Questions please contact Marlene Wetherell at: mwetherell@allemanhighschool.org