

**ELCA Softball Camp 2017**  
**Registration Form**

**Waiver of Claims:**

**I, as a parent or guardian, hereby give my permission for my child to participate in the Eagle's Landing Christian Academy Softball Camp April 24th-28th, 2017, and acknowledge the fact that she is physically able to participate in camp activities. I hereby authorize the directors of the camp to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any costs (through family medical insurance or otherwise) incurred due to sickness or injury to my daughter. I hereby waive any claim that I might have against the Eagle's Landing Christian Academy or any staff member at the camp.**

**Parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student/Athlete Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Insurance Company and Policy Number:** \_\_\_\_\_

**Allergies or any other important information you would like us to be aware of:**

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**\*Campers will meet a coach at the fish tank on the elementary hall at 3:00pm. From there campers will have the opportunity to change clothes and have a snack. We will all walk together to the softball locker room located in the field house near the softball field. All belongings will be stored there until camp is over and players are released for the day. Please pick up your student/athlete at the ELCA softball field.**

**Complete and return this form as soon as possible to:  
Mrs. Vicki Martin at the ELCA front desk**

**Make checks payable to: ELCA, memo line: Softball**