**ST. CHARLES ATHLETICS CAMP REGISTRATION FORM Summer 2020
(one camp form per camper...please fill out a separate form for each member of your family attending camps)**

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt size \_\_\_\_\_\_Grade for the 2020-20212 school year \_\_\_

Additional contact in case of emergency:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance CO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Elementary Girls Lil’ Hawk Basketball Skills Camp (grades 3-5), June 1-5 (M-F) 9am-2pm- $120 \_\_\_\_\_\_\_Elementary Girls Lil’ Hawk Volleyball Skills Camp (grades 3-5), June 8-13 (M-F) 9am-2pm- $120 \_\_\_\_\_\_\_Elementary Boys Hawk Basketball Skills Camp (grades 3-5), June 15-19 (M-F) 9am-2pm- $120 \_\_\_\_\_\_\_BOYS Middle School Hawk Basketball Skills Camp (grades 6-8), June 22-26 (M-F) 9am-2pm- $120 \_\_\_\_\_\_\_Elementary Girls Lil’ Hawk ALL-Skills (Volleyball and Basketball) Camp (grades 1-2), July 9-10 (TH,F) 9am-12pm- $50 \_\_\_\_\_\_GIRLS Middle School Hawk Basketball Skills Camp (grades 6-8), July 13-17 (M-F) 9am-2pm- $120 \_\_\_\_\_\_\_Elementary BOYS Hawk Basketball Camp (grades 1-2), July 20-22 (M-W) 9am-12pm- $75 \_\_\_\_\_\_Girls Middle School Volleyball Camp (grades 6-8), July 27-31 (M-F) 9am-2pm- $120 \_\_\_\_\_\_\_ Total Due- \_\_\_\_\_\_\_\_ |

I give permission for the total amount listed above to be deducted from my FACTS account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(If you do not wish for the fees to be deducted from FACTS, you must turn in payment with the camp form by cash or check to the main office)

I hereby give permission for the children listed above to participate in St. Charles athletics. I authorize St. Charles School to arrange for or provide emergency treatment of any injury or illness my child may experience while participating in the athletic program. I am aware that participating in athletic events is a potentially hazardous activity. I assume all risks associated with athletic participation and release St. Charles School and Parish from liability for injuries reasonably associated with participation in athletics. I have read the St. Charles athletic handbook and agree to abide by its policies and provisions, including the policy on eligibility to participate in athletic events. I understand that the School does not provide transportation to athletic events and that it is my responsibility to arrange the transportation for my child.

Parent signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions/allergies:

Child name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child allergic to any drugs, if so list them?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently taking any medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child wear contact lenses? Yes or No

List the names of every individual that has permission to pick up your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_