

Next Level Camp Registration Form

Camper Info:

Name: _____ Age: _____

Address: _____

City: _____ Zip: _____

Contact Info:

Parent Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____
(other than parent)

Medical Info:

Health Insurance: _____ Policy# _____

Conditions/Allergies: _____

Camp Session: YS _____ YM _____ YL _____ YXL _____

Camper T-Shirt Size: AS _____ AM _____ AL _____ AXL _____

Payment:

Check: _____ Cash: _____ Amount Enclosed: _____

**Please make checks payable to
“SPHS Girls BASKETBALL PROGRAM”**

Consent to Treatment of Minor:

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the Red and White Football Camp and their representatives, agents or assignees, when neither parents, nor designated family physician can be contacted. I hereby give my consent pursuant to California Family Code 6910 for emergency treatment as shall be necessary under the circumstances by any physician licensed under laws of the State of California.

I understand and acknowledge that in order to participate in this activity, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in the Cardinal Football Camp.

I agree to and do hereby release and hold the District and its officers, agents, employees and/or volunteers harmless for any and all claims; demands, causes of action; liability; damages, expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the sport.

I acknowledge that I have carefully read the registration form and that I understand and agree to its terms.

Date

Signature of Parent

Signature of Participant

Family Physician and Phone _____

If you encounter any problems please call 805.525.4400 ext. 22705