



**CAMP/CLINIC REGISTRATION INFORMATION**

**DATES**

**TIME & AGES**

**COST**

**LOCATION**

**STAFF**

**Make checks payable to:** \_\_\_\_\_

**For More Information Call:**

**Send registration information form and fee to:**

_____	_____
_____	_____
_____	_____

\*Revenue exceeding costs associated with the camp or clinic will be deposited in the team's club account at the school.

<b>Name of Camp/Clinic:</b>		<b>Date:</b> 20	
<b>Name of Participant:</b>		<b>M:</b>	<b>F:</b>
	<b>Last</b>	<b>First</b>	
<b>Address</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code</b>	
<b>Name of Parent or Guardian</b>			
<b>Telephone Numbers</b>		<b>(Home)</b>	<b>(Cell)</b>
<b>Birth Date</b>	<b>Age</b>	<b>School Grade in Fall</b>	
<b>In case of Emergency, please notify</b>			<b>Phone #</b>

**INFORMED CONSENT/WAIVER OF LIABILITY**

- RELEASE AND INDEMNIFICATION:** I hereby recognize and acknowledge that my/my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my/my child's participation in such events, I, for myself, my child, my heirs, my executors and administrators, I hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Canyons School District, \_\_\_\_\_, and its officers and employees and volunteers from any and all suits, claims, liability, including negligence, based on any injury except those caused solely by the willful misconduct of Canyons School District employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my/my child's participation.
- REFUND POLICY:** Canyons School District may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must requested in person, accompanied with a written refund request. No refund shall be given after the first day of the program.
- COLLECTIONS:** I agree to pay Canyons School District all costs incurred, together with reasonable attorney's fees in the event that my account is referred for collection.
- EMERGENCY TREATMENT:** I hereby authorize Canyons School District, \_\_\_\_\_ and \_\_\_\_\_ staff to act on my behalf in accordance with their best judgment in case of an emergency involving me/my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from.
- EQUAL OPPORTUNITY:** Canyons School District provides equal opportunity to participate regardless of race, creed, gender, and will, upon request, provide reasonable accommodations to individuals and disabilities.

By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read it contents disclosure, that I understand its contents and disclosure, and that I agree to its terms.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature (Parent or Legal Guardian)