



Camp Attending (circle one): Elite Camp I    Full Day Camp    Half Day Camp    Elite Camp II

Camper Name: \_\_\_\_\_ Grade in Fall of 2021: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent Email: \_\_\_\_\_

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

Position: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

School Attending in Fall: \_\_\_\_\_

Parental Consent

Parent / Guardian: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Allergic Reactions (drugs, food, asthma, etc.) If yes, please list.

Yes    No    \_\_\_\_\_

Taking any medications at this time: If yes, please list:

Yes    No    \_\_\_\_\_

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Your Insurance Agent

I certify that my child is medically cleared to attend camp and give permission for medical treatment for injuries or illness during camp. A trainer will be available.

\_\_\_\_\_  
Parent / Guardian Signature