



2019 SUMMER SPORTS CAMP REGISTRATION

Please complete registration/waiver and return with your check payable to:
Bishop Watterson High School, Attn: Summer Camp, 99 East Cooke Rd., Columbus, OH 43214

SPORT _____ SESSION _____ Date _____ Time _____

Child's Name _____ Address _____

City _____ State _____ Zip _____

Parent/Guardian: _____

Home Phone _____ Work Phone _____ Cell _____

E-Mail _____

Grade School _____ Grade entering fall 2019 _____

AMOUNT \$ _____ Shirt size: YOUTH: L ADULT: S M L XL

Registration Deadline is **May 24, 2019.**

WAIVER

The undersigned, in partial consideration for the participation of his/her child in Bishop Watterson Summer Camp does hereby waive, release and forever discharge Bishop Watterson High School, its agents and employees, from any and all injury or damages sustained by the participant child or his/her parents, or out of said participation. In addition the undersigned does hereby agree to indemnify and save harmless Bishop Watterson High School, its agents and employees, from any and all claims or demands for loss, cost injury or damage whatsoever arising from the participation of his/her child in the above mentioned activities, including but not limited to negligence of said child. In addition, Bishop Watterson may take and publish photos of camp participants to be used to promote the school and its events.

Parent/Guardian Signature _____

Child's Name _____