

ONE REGISTRATION FORM PER CAMPER

Name _____ Birth Date _____

Grade (For 2023-2024) _____ School _____

Address: _____

City _____ State _____ Zip _____

Parents/Legal Guardians _____

Phone Number _____ Second Phone Number _____

Email _____

In event of an emergency, if you are unable to reach me at the provided numbers, contact:

Emergency Contact: _____

Relationship to Camper: _____ Phone: _____

Please check all camps you are enrolling your child in:

CAMP	COST	TOTAL
___ Boys Soccer	\$50.00	_____
___ Girls Soccer	\$50.00	_____
___ Boys Basketball	\$50.00	_____
___ Girls Basketball	\$50.00	_____
___ Wrestling	\$40.00	_____
___ Baseball	\$40.00	_____
___ Volleyball	\$50.00	_____
___ Football	\$40.00	_____
___ Cheerleading	\$40.00	_____
___ Tigerettes	\$40.00	_____
	TOTAL DUE	_____

T-shirt size

Youth S M L XL

Adult S M L XL XXL

Please make check payable to Memorial & mail to:

Memorial Athletic Department

1500 Lincoln Avenue

Evansville, IN 47714



FILL OUT BOTH SIDES

INSURANCE INFORMATION

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Reitz Memorial High School, its officers, directors, employees, coaches, the Roman Catholic Diocese of Evansville, and its representatives participating in the camp or in connection with any illness and injury (including death) or cost of medical treatment in connection therewith. Emergency Medical Treatment: In event of an emergency, I hereby give permission to transport my child to a hospital or doctor.

Insurance Provider _____

Policy Holder _____

Relationship to Camper _____

Policy Number _____

Family Doctor _____

Phone Number _____

BY CHECKING THIS BOX, YOU ACKNOWLEDGE THE FOLLOWING: *

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I AGREE

Signature _____ Date _____

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