

Trojan Team Camp Registration (MS)

Name: _____ Age: _____

DOB: _____

Address: _____

Phone #: () _____

Email Address: _____

Parent/Guardian: _____

T-Shirt Size (circle): AS AM AL *If your son requires a youth size please specify.

Emergency Contact: _____

Phone #: _____

Please complete release information:

*Make checks payable to Corey Grove and mail your registration form along with your payment to 1481 Nittany Drive Chambersburg, PA 17202.

Release of Liability:

I, the undersigned as the parent/guardian of my child, _____, a minor, request that he/she be admitted to participate in the Trojan Team Camp. In consideration of such admission, I do hereby agree to release, discharge and hold harmless the camp staff for the Trojan High School from all cases, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising from the minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp.

Parent/Guardian Signature: _____

Date: _____

Insurance Information:

I verify that my child has medical insurance and is physically able to participate in this sport camp. I hereby authorize the directors of Trojan Team Camp to act on my behalf according to their best judgment in any emergency requiring medical attention or in any routine medical care of an accident/injury. I, the registrant's parent or guardian, will assume the responsibility for any emergency or medical service that may be required during the course of this camp.

Parent/Guardian Signature: _____

Date: _____