

CSA Camps

2024 Walk-Up Registration And Release Form Walk-Up: Additional \$25

| CSA USE ONLY | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|
| Date: | | | | | | | | | | |
| Staff/volunteer: | | | | | | | | | | |
| Debit / credit preferred. | | | | | | | | | | |
| Staple check or cash to form | | | | | | | | | | |

| Camp Name: | Location: | | | | | | | | | |
|---|---|--|---|--|---|--|--|---|---|---|
| Player Name: | | | | | | | | | | |
| T-shirt Size: | YS | YM | YL | AS | AM | AL | Player DOB: | | Male | Female |
| Primary email address: | | | | | | | | Phone: | • | |
| Parent Name | | | | | | | | • | | |
| Street Address | | | | | | | | | | |
| City, State, Zip | | | | | | | | | | |
| Relationship to Player: | | | | | | | | | | |
| members, staff, directors representatives from and associated with Communitisk of personal injury, ill Diseases. I understand that only second, as parent/guardian/selemergency, and I am unaw to the nearest medical faci | I aga icable ness ondar f am railabl lity for | inst Dist or cor y me res de, I (| any seas othe edic spor grar atmo | y an ses a r los al or asible nt pe ent. | nd all and less the following the following child | I claii knowi nat m alth ir all ssion | m for liability of any kingly and voluntarily as y child may sustain in a surance coverage is permedical and insurance to said staff to administration of the physical infirmities | sind. I am sume full reconnection rovided by the costs. For first-aid | fully aware responsibility in with such CSA / CSA | of the hazards of the hazards of for any and all Communicable Camps and that he event of an aport above child |
| (Please list any condition(s |) of w | hich | you | ı or | your | doct | or is aware.) | | | |
| I hereby represent that I hat questions, and if so, they has reservations. | | | | | | | | | | |