

# Silverton High School Summer Camp Registration Form

Name \_\_\_\_\_ School \_\_\_\_\_ Age/Grade (Fall 2018) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Health and/or Accident Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Phone \_\_\_\_\_

I/We the undersigned \_\_\_\_\_ parents/guardians of a minor participating in Silverton High School's Summer Camp Program, do hereby authorize the participation of, and accept responsibility for the attendance of the said minor in camp(s) on the Silverton High School campus and all activities in connection therewith.

I/We request that my/our son/daughter be permitted to participate in said camp(s), having been fully and completely informed and advised regarding the nature and purpose of the camp(s) and the activities conducted there under. We also certify that my/our son/daughter is not academically eligible to enter college in the **Fall of 2018**.

Furthermore, I/We certify that my/our son/daughter is in good health, and hereby authorize the directors of the Silverton High School Summer Camp Program to act for me/us, according to their best judgment in any emergency requiring medical attention. Our signature qualifies as notification to Silverton High School and Silverton Hospital to perform such diagnostic, therapeutic, and operative procedures as they deem necessary for my son/daughter. I/We understand that my/our consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No operation will be performed except in extreme emergency without parents being contacted and fully informed and their consent obtained.

I/We also understand that the Silverton High School Camp Directors have the right to send my/our son/daughter home without refund for damages, inappropriate activities, or misconduct. Neither the Athletic Director, his coaching staff and/or directors, nor anyone connected with the Silverton High School Summer Camp Program and/or Silverton High School and/or Silver Falls School District 4J assumes any responsibility for accidents, medical, dental, or any other expenses incurred as a result of accidents while in attendance or participation in the camps.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Mark camp(s) for participation with an "X"

<input type="checkbox"/> Baseball *	<input type="checkbox"/> Football *	<input type="checkbox"/> Tennis – Boys *
<input type="checkbox"/> Basketball – Boys *	<input type="checkbox"/> Soccer – Boys *	<input type="checkbox"/> Volleyball *
<input type="checkbox"/> Basketball – Girls *	<input type="checkbox"/> Soccer – Girls *	
	<input type="checkbox"/> Tennis – Girls *	

## Please Refer To The Summer Camp Schedule For Pricing

**\* T-Shirts included in camp fee**

Camp Fee Paid \_\_\_\_\_

Camp fee includes a camp T-Shirt. T-Shirt Size – (circle) Youth Size: S M L Adult size: S M L XL XXL

Make check or money order payable to: **Silverton High School**. Return registration form and camp fees at least 1 week prior to camp date to: Silverton High School, Summer Camp Program, 1456 Pine Street, Silverton, Oregon 97381. Registration forms received less than 1 week prior to camp are still accepted, however, you will not be guaranteed a t-shirt (you can register until the first day of camp).

If you have questions regarding our Silverton High School Summer Camp Program, please call Silverton High School Athletic Department at 503-873-6331, ext. 3824.