



Community Ed 2019 Summer Camps

Register at the Calhoun Central Office at 380 Barrett Road.

*Online registration will be available April 15th

For more information, call 706-629-6788 or visit www.calhounschools.org

Camp/Course Name: _____

Child's Name: _____ Age/Rising Grade: _____

Primary Contact: _____ Phone Number: _____

Secondary Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Email Address(es): _____

Special Notes: _____

Shirt Size (Circle): S(6/8) YM(10/12) YL(14/16) AS AM AL

Waiver

I/we agree to indemnify, defend and save harmless The Calhoun City Schools, its elected and appointed officials, officers, employees, agents and volunteers (to include all employees, agents and volunteers of the Calhoun City School System from any and all claims arising from my/our child's participation in any sport activity and related activity conducted under the control of the Calhoun City Schools Community Education Department. Such indemnification shall include, but not be limited to, liability settlements, damage awards, costs, and attorney's fees associated with such claim.

I have read or have had read to me the foregoing in its entirety and by placing my signature below do declare that I understand that any cost or injury resulting from participation is my responsibility.

Signature: _____ Date: _____

For Office Use Only:

Date: _____ Employee Initials: _____ Amount \$ _____

Check# _____ Cash _____ Credit Card _____

Qualifies as a Full-Time Jacket Jamboree Camper (Circle): Yes No

