

MINOR PARTICIPATION FORM
YOUTH SUMMER CAMPS

| | |
|----------------------|----------------------|
| Youth Name | Date of Birth |
| <input type="text"/> | <input type="text"/> |

| | |
|-------------------------------------|----------------------|
| Parent/Guardian First and Last Name | Phone |
| <input type="text"/> | <input type="text"/> |

Parent/Guardian Email

| | |
|----------------------|----------------------|
| Address | City |
| <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| State | Zip Code |
| <input type="text"/> | <input type="text"/> |

| | |
|------------------------|-------------------------|
| Emergency Contact Name | Emergency Contact Phone |
| <input type="text"/> | <input type="text"/> |

Grade in 24-25 School Year

Does your child have any life threatening health care issues? (Please List)

If your child has life threatening health care issues please list medications.

If your child has life threatening health care issues you will be required to check in any medication, labeled with your child's name, with CHS Athletics Camp Staff prior to participation in camp activities

I understand that the CHS Athletics summer camp staff will not be liable for any injury/accident that occurs during camp sessions. I also accept full cost of treatment for any injury my child may sustain while taking part in CHS Athletics summer camps. I give the CHS Athletics Camp staff permission to seek medical attention for my child should it be necessary.

List Camp Name/Names _____

Parent/Guardian Signature