BOMBER BARBELL

STRENGTH & SPEED SUMMER CAMP

2025 Registration Form & Waiver - **PLEASE FILL OUT ONE FORM, PER CAMPER**

Athlete's Name: _____

Athlete's Email: _____

Fall Sport: _____ Grade (Fall 2025): _____

Session (check one) A: 7:00-8:30am ___ B: 9:00-10:30am ___

SPECIAL PRICING, ALL 8 WEEKS + CAMP SHIRT = $415 ___

PRORATED COST: $60/week (please specify which weeks below)

Week of 6/2 ___ Week of 6/9 ___ Week of 6/16 ___ Week of 6/23 ___

Week of 6/30 ___ Week of 7/7 ___ Week of 7/14 ___ Week of 7/21 ___

Camp Shirt ($25) ___

Camp Goals (examples - get stronger, faster, learn basics, etc.):

_____

Limitations / Restrictions:

_____

Guardian 1 Name: _____ Email: _____

Guardian 2 Name: _____ Email: _____

Emergency 1 (name and #): _____

Emergency 2 (name and #): _____

Family Physician (name and #): _____

_____

_____ has my permission to attend the Bomber Barbell Strength & Speed Summer Camp from June 3rd – July 24th, and July 29th 2025. We release and waive any claims that may arise against John Burroughs School, its faculty, and employees from any liability, including but not limited to personal injury or property loss or damage arising directly or indirectly out of my child's participation in the strength camp. We agree to indemnify and hold John Burroughs, its faculty and employees harmless from any and all such liability or claim from damages. The school has on file our signed permission for medical treatment. In addition, if we cannot be reached and in the event of emergency, we also have given consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student if they are injured in the course of activities in the camp. The MSHSAA suggests that a student shall not be permitted to participate in a summer camp until it has verification that they have basic athletic insurance coverage. Our child has student accident insurance through John Burroughs School, but this insurance is secondary to their parents' medical coverage; our child is covered in the plan listed below.

Name of Medical Insurance Carrier: _____

Plan / Group Number: _____

Subscriber I.D. / Member Number: _____

By signing this form, I have read and understand the above terms and voluntarily consent to my child's participation. Signature:

_____

Payment Method* (check one):

___ I agree to have my camper's registration fee storecarded.

___ I will send in a check for my camper's registration fee (please make check payable to John Burroughs School, ATTN: '25 Strength Camp).

**Please contact Keith Vassall, Director of Student Engagement, if you have questions about covering the cost of your child's registration fee.*