

School City of Mishawaka - Summer Sports Camps
Mishawaka High School
1202 Lincolnway East, Mishawaka, Indiana
574-254-7335

Camper Name _____ Telephone Number _____

Street Address _____ City/State/Zip Code _____

Grade & School at present _____

T-shirt Size _____

Please check the appropriate box for this registration:

- Baseball 6/9-6/11
- Boys Basketball 6/10-6/12
- Girls Basketball 7/21-7/24
- Cheer 6/24-6/26
- Cross Country 7/7, 7/9, 7/14, 7/16, 7/21, 7/23
- Football 5/19-5/22
- Soccer 6/12-6/14
- Softball 6/9-6/11
- Tennis 6/10-7/15 (Tuesdays only)
- Track 6/2-6/5
- Volleyball 7/15-7/17
- Wrestling 7/21-7/24

WAIVER:

By signing below, I waive, release and discharge the School City of Mishawaka School Corporation and the Cavemen Camp, including this camp's staff, from liability or claims arising out of any loss, personal injury, including death, that may be sustained by my child, or property damage which may occur during this Cavemen Camp. This release is intended to discharge in advance the School City of Mishawaka School Corporation and the Cavemen Camp, including this camp's staff from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. This release is also intended to discharge in advance the School City of Mishawaka School Corporation and the Cavemen Camp, including this camp's staff from any and all claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me or my child while my child is participating or traveling to or from the Cavemen Camp. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

If my child would become injured, I give permission for my child to receive appropriate medical attention at the nearest medical facility. I further authorize the attending medical personnel to execute on my child's behalf any permission forms, consents, or other documents relating to medical attention. I agree to assume all liability for any expenses incurred in such an emergency (transportation, hospitalization, etc.). I have adequate health/hospitalization insurance to cover such injuries that may occur during this Cavemen Camp. I also understand that if my child should be injured I am required to travel to the medical facility administering care to pick up my child.

Signature of Parent/Guardian: _____ Date: _____