



ROSS ELEM GYM



SEE REVERSE FOR
SIGN UP!

JUNE 23-26TH

SPORTS SUMMER CAMP

INCOMING
2ND-5TH
GRADE

ACTIVITIES

SOCCER, BASKETBALL,
VOLLEYBALL, RACQUET SPORTS,
and more!

8:30 AM - 12 PM

LIMITED SPOTS AVAILABLE!

EARLY REGISTRATION FROM APRIL 21ST-MAY 20TH \$160
(CASH/CHECK)

LATE REGISTRATION FROM MAY 21ST-JUNE 6TH \$170
(IF SPOTS ARE AVAILABLE-CASH ONLY)



THIS CAMP IS INDEPENDENTLY ORGANIZED AND OPERATED AND NOT
SPONSORED BY OR OFFICIALLY AFFILIATED WITH CLEAR CREEK ISD.



SUMMER SPORTS CAMP



THIS FORM MUST BE RETURNED AND PAYMENT MADE BEFORE YOUR CHILD'S SPOT IS SAVED FOR THIS CAMP.

STUDENTS NAME (FIRST, LAST)

AGE/ GRADE COMPLETED

EMERGENCY CONTACT NAME PRINTED

RELATIONSHIP TO STUDENT

PHONE NUMBER

CONTACT EMAIL ADDRESS

LIABILITY RELEASE AND PARENTAL CONSENT FORM

IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION FOR THE SUMMER SPORTS CAMP, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, PROPERTY DAMAGES OR WHICH MAY HEREAFTER OCCUR TO MY CHILD AS A RESULT OF THEIR PARTICIPATION IN SAID SUMMER SPORTS CAMP. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE AMY DILL AND JENNIFER PYLE, ITS OFFICIALS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS FROM LIABILITY, EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF PERCEIVED NEGLIGENCE ON THE PART OF PERSONS MENTIONED ABOVE. 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 BEHAVIOR IMPEDES OR DISRUPTS THE CAMP ENVIRONMENT, YOUR CHILD MAY NOT BE ALLOWED TO RETURN, WITH NO REFUND.

CONSENT OF THE PARENT OR GUARDIAN

I GIVE CONSENT FOR MY CHILD, _____ TO PARTICIPATE IN THE ABOVE SUMMER PROGRAM, AND I
(STUDENTS NAME FIRST AND LAST)

EXECUTE THE ABOVE LIABILITY RELEASE ON MY CHILD'S BEHALF.

CONSENT FOR TREATMENT

I HEREBY GIVE MY CONSENT TO HAVE THE ABOVE APPLICANT TREATED BY EMERGENCY MEDICAL PERSONNEL, A PHYSICIAN, OR SURGEON, IN CASE OF SUDDEN ILLNESS OR INJURY WHILE PARTICIPATING IN THE ABOVE ACTIVITY. IT IS UNDERSTOOD AMY DILL NOR JENNIFER PYLE WILL MAKE ANY PAYMENTS TOWARD MEDICAL TREATMENTS AND THAT THE COST THEREOF WILL BE AT MY OWN EXPENSE. I HAVE READ AND UNDERSTOOD THE FOREGOING REGISTRATION LIABILITY RELEASE AND PARENTAL CONSENT FORM, AND AGREE TO ALL OF ITS TERMS AND CONDITIONS.

PARENT/GUARDIAN SIGNATURE

PRINTED NAME

DATE

FOR MORE INFORMATION PLEASE CONTACT
AMY DILL AND JENNIFER PYLE
FITFABFUNSPORTS@GMAIL.COM

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