

# Tiftarea Academy Summer Camps

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## Camper Information

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

## Insurance/Medical Information

Insurance Company: \_\_\_\_\_

Insurance Co. Phone: (\_\_\_\_) \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Medical Information (Allergies, Health Issues):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Waiver & Release

I do hereby waive, release and discharge Tiftarea Academy, staff and employees from any and all rights and claims for damages resulting from injuries to my person, my child, or my property that may be sustained or suffered by me or my child in connection with my participation in, or arising out of my traveling to or from Tiftarea Academy. I agree to the

above participation in this program, including emergency and referral services, if necessary.  
I have read and hereby accept the conditions described in this registration form.

Parent/Guardian Signature: \_\_\_\_\_

**Camps Participating In (circle):**

Baseball (May 26-28) \$100    Basketball (June 1-4) \$100    Kiddie Cheer (June 9-11) \$100

Art (June 8-12) \$100    Football (June 11-12) \$60    Gymnastics (June 16-18) \$55/\$65

Softball (June 22-25) \$100    Soccer (June 29-July 1) \$60    PE Camp (July 20-23) \$100

TOTAL AMOUNT PAID: \_\_\_\_\_

\*\*\* Please make checks out to Tiftarea Academy