

AMBER MARIE DELANCEY SCHOLARSHIP T & T CAMP

Registration Form

Athlete's Name: _____			<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
Birth Date: ____/____/____	Age: _____	Gym/Team: _____		
Address: _____		City: _____	Zip: _____	
Athlete Levels (USTA or USAG): Tumbling: _____ Double Mini: _____ Trampoline: _____		SHIRT Youth: <input type="checkbox"/> X-Sm (2-4) <input type="checkbox"/> Sm (6-8) <input type="checkbox"/> Med (10-12) <input type="checkbox"/> Lrg (14-16) SIZE Adult: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large		
ATTENDING: <input type="checkbox"/> 3 Day Camp <input type="checkbox"/> 1 Day Camp <input type="checkbox"/> Mini Camp				

Parent / Guardian Contact Information:	Primary Phone #	Other Phone #
Name: _____	_____	_____
Name: _____	_____	_____
Email: _____		

Return this form with payment to:
Fon du Lac Park District Administration Center • c/o Scholarship T & T Camp
201 Veterans Drive, East Peoria, IL 61611

OFFICE USE ONLY

Amount Paid: \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Charge	Date Paid: ____/____/ <u>22</u> Employee Initial: _____
-----------------------	--	--

Make Check payable to Fon du Lac Park District

CAMP WAIVER:

Please read this carefully and be aware in registering yourself, your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program. As a participant in this program or parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Fon du Lac Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Fon du Lac Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Fon du Lac Park District and its offers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connecting with, or in any way associated with the activities of the program. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

I have read and fully understand the above program details, waiver, and release of all claims.

Parent or Guardian Signature: _____ Date: ____/____/ 22

ATTENTION PARENTS:

It is your responsibility to notify your coach of any medical conditions that are affected by athletic activities. Examples of these conditions are asthma or diabetes.

_____ initials of parent/guardian who has read and understands the above medical conditions statement.