



2018 Allen Eagles Summer Sport Camps Registration Form

Name of Camper: _____ Age: _____ Fall 2018 Grade: _____

Circle a T-Shirt Size: Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

Parent Name: _____ Parents Email: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Parents Work Phone: _____

Camp: _____ Date: _____ Time: _____ Fee: \$ _____

Camp: _____ Date: _____ Time: _____ Fee: \$ _____

Camp: _____ Date: _____ Time: _____ Fee: \$ _____

Camp: _____ Date: _____ Time: _____ Fee: \$ _____

TOTAL FEE: \$ _____

Payment Method: Cash \$ _____ or *Check \$ _____ Check # _____

**Please make checks payable to AISD and include your driver's license number and phone number.*

Refund Policy: Full refunds will be granted when requested one week prior to the start of camp, less a \$10/per camp cancellation fee. Refunds requested less than one week prior to the start date of the camp will not be granted. NO EXCEPTIONS.

By registering for Allen Eagle Summer Camp, I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of an accident, injury, or illness. I will be responsible for any and all medical costs of medical attention and treatment. I, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Allen Independent School District, the camp and its staff, officers, agents, employees representatives, successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participating in camp activities or while at camp, whether or not damages, injury or loss is due to negligence.

Parent Signature

Date