

LA VERNIA SUMMER CAMPS
2018

One form for each student.

PLEASE PRINT CLEARLY

FULL NAME (PRINT)

HOME ADDRESS

CITY

STATE

ZIP:

PHONE (HOME)

PARENT'S PHONE (CELL):

DATE OF BIRTH

AGE:

EMERGENCY CONTACT:

EMERGENCY PHONE:

GRADE LEVEL IN FALL OF 2018: 3 4 5 6 7 8 9 10 11 12

(Please circle one)

T-SHIRT SIZE:

YS YM YL AS AM AL AXL 2XL

(Please circle one)

Note:

I, the undersigned, do hereby waive and release La Vernia ISD, the La Vernia Summer camps, and their directors and coaches, from payment of claims or future claims resulting from injuries suffered during participation in summer camp play. I also request, authorize, and consent to care and treatment given to said participant by any physician, nurse, hospital, or camp representative should illness or injury occur.

Parent/Guardian Signature

Date: