

BOOSTER CLUB SPORTS CAMP REGISTRATION FORM

Please submit one form per participant: mail completed forms to the "Stanwood 4A Booster Club"
PO Box 1366, Stanwood WA 98292. Contact us at stanwoodboosters@gmail.com.

Participant: _____ Age: _____ Birth date: ___/___/___ Grade: _____ Sex: _____

Parent /Guardian Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ Zip: _____

T-Shirt Size: _____ Medical Insurance Provider: _____ Group or Policy #: _____

Emergency Contact Name: _____ Phone #: _____

The Stanwood-Camano School District has neither reviewed nor approved the program, personnel, activities or organizations announced in this flier, and undertakes no responsibility to supervise these events. This information is provided as a community service at the request of the event sponsor and organizer. This is not a district sponsored or endorsed event.

WAIVERS:

I approve of my child's attendance at the 4A Booster Club Camps and certify that they are in good health and able to participate in all activities. I further release all camps and all employees of claims arising from any injuries that may be sustained while attending camp. I hereby authorize consent to any medical care deemed necessary and rendered under the guidance or supervision of a physician. I understand and agree to the above: **PLEASE INITIAL HERE:** _____

I have read and understand the health risks associated with (1) Concussion, (2) Sudden Cardiac Arrest, and (3) Communicable Disease. These information sheets can be found on the SHS Camps & Clinics webpage.
shs.stanwood.wednet.edu. **PLEASE INITIAL HERE:** _____

I give permission to the Stanwood 4A Booster Club and SHS Athletics to use any photographs or videos taken during Sports Camps to promote future events. **PLEASE INITIAL HERE:** _____

I agree to pay for Camp before my child can participate. I understand that school district employees cannot accept any payments for camps. Please select your method of payment (prices vary by camp). **PLEASE INITIAL HERE:** _____

- I will pay online via the Booster Club PayPal page
- I will mail a check to the "Stanwood 4A Booster Club" to PO Box 1366, Stanwood WA 98292
- I will bring a check to Camp Registration on Day #1

CAMPS

Select the Sports Camp session(s) for which your child is registering:

- | | | | | | |
|--------------------------|------------------|------------|--------------------|--------------------|---------------------------------|
| <input type="checkbox"/> | Volleyball | June 6-9 | SHS Main Gym | \$75/\$60 | 2:45-4:15/4:30-5:30 (HS/Youth) |
| <input type="checkbox"/> | Tennis | June 7-9 | SHS Tennis Courts | \$35 | 2:45-4:00 |
| <input type="checkbox"/> | Girls Basketball | June 13-15 | SHS Main Gym | \$100 | 5:00-8:00 |
| <input type="checkbox"/> | Boys Basketball | June 20-22 | SHS Main Gym | \$50 | 11:00-1:30/2:00-4:30 (Mid/Elem) |
| <input type="checkbox"/> | Track & Field | June 27-29 | Bob Larson Stadium | \$60/85 <i>fam</i> | 4:00-6:00 |

** All campers who register in advance will receive a T-shirt! Please submit ASAP to assist with sizing.*

By signing below, I (parent/guardian) have answered all questions accurately and completely. I have read all waivers and understand the risks associated with my child participating in SHS Booster Club Sports Camps.

Parent/Guardian Signature

Date