

## Northern Cass Summer Athletic Camps 2023

All summer athletic camp registrations (excluding HS team camps) are included on this sheet. Bring: t-shirt, shorts, water bottle, socks, and appropriate shoes to all camps. Each participant will receive a Summer Camp tshirt with registration. Please contact bryce.laxdal@northerncassschool.com with any questions **Registration deadline is April 28.**

### Parent/Guardian Information (please print clearly)

### Family Address

Parent/Guardian 1 First Name: \_\_\_\_\_

Parent/Guardian 2 First Name: \_\_\_\_\_

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

Parent/Guardian 1 Last Name: \_\_\_\_\_

Parent/Guardian 2 Last Name: \_\_\_\_\_

City: \_\_\_\_\_

Parent/Guardian 1 Email: \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian 1 Phone: \_\_\_\_\_

Parent/Guardian 2 Phone: \_\_\_\_\_

Please provide any medical and/or dietary restrictions we need to know. Include learner name.

T-shirt Size	Boys Basketball	Boys Basketball	Girls Basketball	Football Camp	Football Camp	Volleyball Camp	Volleyball Camp	Total Camp Fees Due
Enter Size	Levels 3-5	Levels 6-8	Levels 3-8	Levels 4-6	Levels 7-8	Levels 9-12	Levels 5-8	
YS - YM - YL	May 31/June 1	May 31/June 1	June 5/2006	June 6	July 25	June 7, 21, 28, July 12, 19, 24	June 7, 21, 28, July 12, 19, 24	Please enter total for all camps per camper, per line.
AS - AM - AL	9-11 am	12-2 pm	9:30-11 am	9:30-12:30	9:30-12:30	8-10 am	10:30a-12p	
AXL - A2XL	\$75	\$75	\$75	\$40	\$40	\$125	\$125	
	\$75			\$40				\$115

(Please print)	Camper First Name	Camper Last Name	Age	Grade Level
	Example: John	Smith	11	5
1				
2				
3				
4				
5				

Please make checks payable to **Northern Cass School.**

**TOTAL DUE FOR ALL CAMPERS**

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in Northern Cass Camp activities without need of individual or specialized attention or medical regimen. I agree to notify Northern Cass Camp of any changes in my child's physical or mental health between the dates of registration and the start of camp, as well as during camp.

I authorize the administration of all medical treatments deemed necessary by emergency personnel, hospital staff, or physicians with the understanding that every effort will be made to contact me if there is a medical emergency. I understand all reasonable safety precautions will be taken at all times during camp and agree to hold harmless Northern Cass School, their camp staff, employees, and/or volunteers for any damages, losses, disease, or injuries incurred during camp participation. In addition, I acknowledge that my insurance will be used as primary coverage for my child in the event medical intervention is needed. I further understand that I will be responsible for any and all expenses not covered by my insurance and agree to indemnify and hold harmless Northern Cass School, their camp staff, employees and/or volunteers from any and all expense, claims, costs or attorney fees incurred as a result of claims, actions, and or suits brought by me, my child or on my behalf of or on my child's behalf or by anyone else as a result of any accident, injury, or illness.

I agree that my child will abide by all camp rules and guidelines set forth by Northern Cass School and Northern Cass Camps for the safety and good health of themselves and other campers.

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

Date: \_\_\_\_\_