

ALLEMAN CATHOLIC HIGH SCHOOL

2018 SUMMER CAMP ♦ REGISTRATION

Camper's Name (*print First, Last*) _____

► **NOTE:** T-shirt with most camps; the 2nd child rate (\$) applies to the same camp only

- | | |
|--|--|
| <input type="checkbox"/> Baseball \$50(\$35) | <input type="checkbox"/> Boys Basketball 1 Session \$70 (\$50) |
| <input type="checkbox"/> Boys/Girls Golf \$35(\$20) | <input type="checkbox"/> Boys Basketball 2 Sessions \$125 (\$75) |
| <input type="checkbox"/> Girls Soccer HS \$65(\$55) | <input type="checkbox"/> Performing Arts \$50 |
| <input type="checkbox"/> Girls Soccer Grades 4-7 \$40(\$30) | <input type="checkbox"/> Volleyball HS \$75 (\$25) |
| <input type="checkbox"/> Cheerleading \$50 (\$25) | <input type="checkbox"/> Volleyball Grades 4-8 \$50 (\$25) |
| <input type="checkbox"/> Cross Country \$30(\$20) | <input type="checkbox"/> Girls Basketball Grades 3-5 \$35(\$25) |
| <input type="checkbox"/> Pioneer Power Weight Training \$100 | <input type="checkbox"/> Girls Basketball Grades 6-12 \$65(\$35) |
| <input type="checkbox"/> Football \$65(\$35) | <input type="checkbox"/> Boys Soccer \$40 |
| <input type="checkbox"/> Jr. Football \$35(\$20) | <input type="checkbox"/> Girls Tennis TBD |

*** For Camps that offer t-shirt, T-shirt not guaranteed if not signed up by 5/18/2018.**

TOTAL AMOUNT \$ _____ **CHECK? or CASH?**
 Check# / Date _____

Paying for Multiple Campers? Names _____

Grade entering school year of 2018-19 _____ School _____ Age _____

Parent/Guardian Name _____

Address _____ City/State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail: _____

T-SHIRT SIZE

____ Youth Medium ____ Youth Large ____ Adult Small ____ Adult Medium
 ____ Adult Large ____ Adult X-Large ____ Adult XX-Large

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("Participant"). I understand the risks this activity presents to my child, including, but not limited to, serious personal injury or death. Any questions I have concerning this activity have been answered.

In consideration of my child being allowed to participate in this activity, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in this activity.

Parent or Guardian Signature _____ Date _____

- Checks payable to: Alleman High School
- Send registration form and payment to: Alleman High School, Athletic Department
 1103 40th Street, Rock Island, IL 61201
*DUE BY MAY 18, 2018
- Questions? mwetherell@allemanhighschool.org

ALLEMAN CATHOLIC HIGH SCHOOL
2018 SUMMER CAMP ♦ MEDICAL INFORMATION

Camper's Name (*print First, Last*) _____

Address: _____

EMERGENCY CONTACT (Parents or Guardian)

Name: _____

Phone(s): _____

Other Contact

Name: _____

Relationship (friend, relative, neighbor): _____

Phone: _____

Camper's Regular Physician:

Name: _____

Phone(s): _____

MEDICAL CONDITIONS of the **CAMPER**

Please list any medical conditions (asthma, diabetes, epilepsy, etc.):

Please list any allergies or allergic reactions to medications:

Please list any medications he/she is now taking:

Date of most recent tetanus shot: _____

Other pertinent medical information we should know: _____

MEDICAL INSURANCE INFORMATION

Company: _____

Plan identification #: _____

Employee identification #: _____