

Our Savior Lutheran School Summer Sports Camp 2017

Student's Name _____ Grade entering _____

Please use separate forms for each child.

Camp	Grade	Date	Time	Cost	Check#	Cash
Junior Cheer	K-4 th	June 26-June 30	9-11 am	\$60.00		
Basketball	1 st -4 th	July 10-14	1-3 pm	\$60.00		
Basketball	5 th -8 th	July 10-14	4-6 pm	\$60.00		

I give my child permission to attend the above stated athletic camps. I give the camp coaches permission to use all medical release forms authorized to Our Savior Lutheran School for the 2016-2017 school year.

I herewith release OSL School and Daycare and all its personnel from any liability and all claims against school authorities, individually and collectively, from any injuries/accidents, which might be received during any of the above Sports camps. Parent's permission MAY NOT be obtained by telephone in lieu of this form.

Parent Name _____

Parent Signature _____

Contact phone number (home) _____

(cell) _____

Contact email: _____

Emergency contact/phone number _____

You must be registered by June 2 to receive a T-shirt.

T-shirt- Circle Size needed

Youth Small (6-8) Medium (10-12) Large (14-16)

Adult Small Medium Large X-Large

For Office Use	Date Received _____ Check # _____
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