

2018 Chaparral Summer Camp Registration

Please do not include more than one participant per registration form. Please bring registration and payment on the first day of camp.

Student's Name _____ Age _____

Parent/Guardian's Name _____

Address _____
Street City Zip code

Home Phone _____ Work _____ Cell _____

Email _____

2018-2019 School Year: School student will attend _____ Grade _____

Emergency Information: If we cannot contact parents, call:

Name _____ Phone _____

Relationship _____

I/we (print parents' names) _____ in return for my child's opportunity to participate in the 2018 Chaparral Spring/Summer Camp do hereby exempt and release the Douglas County School District, its directors, officers, employees, and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the 2018 Chaparral Spring/Summer Camp, whether or not such damage, loss or injury results from the negligence of Douglas County School District, its directors, officers, employees, volunteers or agents or any defective equipment. I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in the 2018 Chaparral Spring/Summer Camp. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s)/guardian(s) of (insert child's name here) _____. I/we further acknowledge that no representation or promises by Douglas County School District representatives have been made in induce me to sign this release.

X _____
Signature of Student Date

X _____
Signature of Parent or Guardian Date

CAMP ACTIVITIES INSURANCE WAIVER

I fully understand the Douglas County School District Re. 1 does not provide health or life insurance coverage for the above named student while he/she is participating in camp activities. I/We further understand that it is my/our responsibility to provide adequate insurance coverage to the above named student.

X _____
Signature of Parent or Guardian Date

T-shirt size (if applicable). Please circle: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Camp Title:
