

# Camp Registration Form

## Skills Camp

Player Name: \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_ (2021-2022 School Year)

T-Shirt Size: Youth or Adult    Small    Medium    Large    XLarge

Must have form turned in by **May 6** to guarantee shirt size

Emergency Contact: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

### WAIVER

I hereby authorize the staff of the Fivay High School to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release, Chris Taylor, Athletic Director, the staff, and Pasco County Schools from any and all liability for any injury and/or illness incurred during camp. I, the parent/guardian will be responsible for any medical or other charges in conjunction with the practices or event.

**\*\*Onsite security will not be provided for this activity**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attn: Erin Clark  
Fivay High School  
12115 Chicago Ave.  
Hudson, FL 34669

Checks Payable to Fivay High School

**All Checks must have:** Full Name

Current Address (No PO Box)

Home phone w/area code

