



**BOYS & GIRLS CLUB**  
Of Southwestern Oregon

PLEASE PRINT

Participant Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Grade \_\_\_\_\_ School Attended This Year \_\_\_\_\_

Age: \_\_\_\_\_

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

I am aware of the inherent risks involved from participating in this activity. In the event of accidental injury, I authorize Boys & Girls Club representatives to secure medical care for my child if I cannot be reached. I release Boys & Girls Club from any liability for injury resulting from participating. I know of no mental or physical problems which may affect my child's ability to safely participate in this activity. I will be responsible for any medical or other charges in connection with my child's camp attendance. I agree to abide by all Boys & Girls Club rules, policies, and procedures and to respect the decisions of coaches, officials and directors made in the course of performing their duties. I assume full responsibility that the child I am registering does the same, and acknowledge that failure to abide by all rules may result in the removal of my child from this activity.

**Parent or Guardian Signature:** \_\_\_\_\_

**OFFICE USE ONLY**

Date Paid: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Boys & Girls Club Membership # \_\_\_\_\_

Cash      Check      Credit Card # \_\_\_\_\_

Basketball Skills Camp

Soccer Skills Camp

Volleyball Skills Camp

Bowling Camp

Tennis Skills Camp

Track Skills Camp