

First Child:

— CHAGRIN FALLS COACHES CAMP APPLICATION —

Boys Basketball Girls Basketball Football Baseball Wrestling Softball Volleyball

NOTE: *Payment is due with registration by May 11 for June camps, June 9 for July camps. There will be a \$20.00 fee increase for any registration taken after that date and the multi-child discount will no longer apply. Volleyball not eligible for earlybird/multi-camp discount.) CANCELLATIONS MUST BE MADE TWO WEEKS IN ADVANCE FOR REFUNDS.*

Player's Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Parent Email Address: _____ Phone: _____

Grade in Fall: ____ Birth Date: _____ Shirt Size (Circle one): YS YM YL AS AM AL AXL

— CAMP MEDICAL WAIVER —

I, as parent/guardian of the applicant, I hereby give permission for my child to participate in the Chagrin Falls Athletic camp as indicated. Applicant is in good health and can participate in all activities. I agree to comply with all program regulations and hereby remove Chagrin Falls Community Education, the Chagrin Falls Exempted Village School District and its employees from any and all claims, liability or demands for any personal injury, sickness or death which may results from participations in the listed camp.

In the event of any emergency, I give my consent for medical treatment by a licensed physician at the nearest medical facility, or as specified below:

Emergency contact (with phone #'s) _____

Parent/Guardian Signature X _____ Date: _____

Second Child:

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