

Plainfield Swim Camp Registration

Pre - Registration Fee: \$50.00 per camp (cost includes a camp t-shirt). **registration needs to be turned in Or post marked by July 8.**

Registration Fee: \$60.00 per camp (cost includes a camp t-shirt). **Pay this amount after July 8**

Payable: **Make checks payable to Plainfield North HS. (No credit cards.)**
No confirmation will be sent. Your cancelled check is your receipt.

Registration by Mail: You may mail in your registration form with check to:
George Sam
Boys & Girls Swim Coach
Plainfield North High School
12005 S. 248th Street
Plainfield, IL 60585

Refunds: All requests for refunds *must* be made prior to the first day of camp. *No refunds will be given after the camp session has started.* Please call the Athletic Office at Plainfield North HS, 815-609-8506, to request a refund.

Disclaimer: If you are in grades 9-12 and would like to participate in a PLAINFIELD summer sports camp for 2011, you **MUST BE A REGISTERED PLAINFIELD HIGH SCHOOL STUDENT.**

Participant Name _____ Grade Entering in Fall '11 _____

Please fill out one form for each participant. Registration fee must accompany this form.

Adult Shirt Size: XS S M L XL XXL **Youth** Shirt Size: S M L XL

Parent/Guardian _____ Total enclosed for camp(s) \$ _____
Home Phone _____

Address _____ City _____ Zip _____

Emergency Contact and Phone _____

Health Concerns _____

Consent for Participation and Emergency Medical Treatment and Waiver

Please read this form carefully and be aware that participation in the athletic/activities program(s) for which your child (ward) is being registered entails, like participation in virtually all recreational activities, certain risks that cannot be entirely eliminated.

I hereby give my consent for my child (ward) to participate in the athletic/activities program(s). I recognize and acknowledge that there is a degree of risk that my child may sustain personal injury or damage to property in the course of partaking in such activities, and that District 202 High Schools cannot guarantee risk-free recreational experiences to program participants. I nonetheless desire to procure the benefits of recreation for my child (ward) and accordingly consent to his/her participation as described above.

I agree to emergency treatment by a physician of a hospital and I understand that District 202 High Schools do not cover participants for any type of medical costs.

I hereby fully release and discharge District 202 High Schools and their officers, agents, servants, and employees from any and all claims for injuries (including death), damage, or loss which I may have or which may accrue to me on account of my child's (ward's) participation in the program(s). I further agree to indemnify and hold harmless Plainfield Community Consolidated School District 202 and its officers, agents, servants, and employees from any and all claims and expenses (including attorney's fees), resulting from injuries (including death), damages, and losses sustained by me and arising in any way out of my child's (ward's) participation in said programs.

I/We have read the entire document, understand and agree to abide by its terms.

Parent/Guardian Signature

Date

Student Signature

Date