Summer Camp Registration Form

ONE FORM PER PERSON - PLEASE PRINT

THIS FORM MAY BE DUPLICATED

For Office Use Only 1._____ 2._____ 3. _____

Participant's Name _____ ❑ M ❑ F Age _____ Grade Completed _____

Address _____ City/State/Zip _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____/_____

Emergency Contact _____ Emergency Contact Phone _____

Activity #	Camp Title	Location	Dates	Fee

Does the participant have any special conditions that the Division of Parks and Recreation should be aware of? _____

Sports Camps Only

Please mark T-shirt size

❑ Youth Small (6 - 8) ❑ Adult Small (34 - 36) ❑ Adult X Lg (46 - 48)
❑ Youth Medium (10 - 12) ❑ Adult Medium (38 - 40) ❑ Adult XX Lg (50 - 52)
❑ Youth Large (14 - 16) ❑ Adult Large (42 - 44)

Golf Camp Participants
Do you need clubs? ❑yes ❑no If yes, ❑right ❑left

Soccer Camp Participants
Would you be willing to house an international coach? ❑yes ❑no

Summer Fun Only

Site attending _____ Transportation needed? ❑ yes ❑ no

Location of bus stop to be used _____

Pick-up time _____ AM Return time _____ PM

Tennis Camps Only

Racquet needed? ❑ yes ❑ no

Ability level ❑ Beginner ❑ Adv. Beginner ❑ Intermediate

Indemnity/Medical Release *(SIGNATURE REQUIRED)*

I (we) the below-signed certify (1) that we agree to assume all risks in connection with the above activity and do hereby release, absolve indemnify, and hold harmless the County of York and its employees/representatives in the above activity, and (2) that the responsibility for carrying appropriate medical plans including hospitalization lies with the below signed.

X _____

SIGNATURE OF PARENT/GUARDIAN

Media Release

I (we) give permission for activity videos and photographs to be taken of the program participant, and understand they will only be used in official York County publicity, such as York Government Cable Channel, York County internet web site, publications, displays, and presentations.

X _____

SIGNATURE OF PARENT/GUARDIAN