

SCHOOL CAMP or CLINIC PARTICIPANT DISCLOSURE / REGISTRATION

Complete this form. Parent/Guardian permission and signature required to participate. Return completed form to School/Location's main office.

Name of Oams (Olinia		
Name of Camp/Clinic:		
Ages/Grades:		
Coach: Maximum Number of students:		
	UHSAA Tryout Implic	ations: Yes No
School/Location: Dates and Times:		
Registration Deadline:		
For more information call:		
PARTICIPANT INFORMATION		
Name of Participant:		
•		Grade:
Address:		
City:	State:	Zip:
Name of Parent or Legal Guardian:		
Phone:	Cell:	
Email:		
In Case of Emergency, Please Notify:		
Phone:	Cell:	
INFORMED CONSEN	T / WAIVER OF LIABILITY	AGREEMENT
LIABILITY RELEASE & INDEMNIFICATION: I her activities may involve bodily and/or emotional injury to me I, for myself, my child, my heirs, my executors and admini discharge and defend Jordan School District and its office negligence, based on any injury except those caused sole that I or my insurance company will pay for medical, hosp TRANSPORTATION: I acknowledge that Jordan Scho competition(s), practice(s), or program(s) as listed above arrange transportation for the student. I further agree to m EMERGENCY TREATMENT: In case of an emergence staff to act on my behalf in accordance with their best judg wise that may arise therefrom. REFUNDS: Jordan School District may withhold 25% of in person, accompanied with a written refund request. No COLLECTIONS: In the event that my account is referred with reasonable attorney's fees. EQUAL OPPORTUNITY: Jordan School District provi- request, provide reasonable accommodations to individual	and/or my child. In consideration of strators, hereby voluntarily and know ers, employees and volunteers from a ely by the willful misconduct of Jordan italization, or any other expenses res of District does not provide or sponso and that the student, or the student's hake such arrangements as a condition cy involving my child, I hereby authori gment, and I agree to assume full res of the refunded registration fee, for adr or efunds will be given after the first day and for collection, I agree to pay Jordan	my or my child's participation in such events, ingly indemnify, hold harmless, release, waive, ny and all suits, claims or liability, including a School District employees. In addition, I agree ulting from my or my child's participation. or transportation in connection with the sport(s), parent or legal guardian, will be responsible to on of the student's participation. ze Jordan School District camp/clinic program ponsibility for all expenses, medical or other- ninistrative costs. Refunds must be requested ay of the program. n School District for all costs incurred, together
By signing this informed consent/waiver of liability agreen to the terms. Parent or Legal Guardian signature is require	-	-
Parent or Legal Guardian Signature	Date	Participant Signature